

2012 Physician Quality Reporting System Medicare Electronic Health Record (EHR) Incentive Pilot: Quick Reference Guide

Background

The Medicare EHR Incentive Program provides incentive payments to eligible professionals, eligible hospitals, and critical access hospitals (CAHs) that successfully demonstrate meaningful use of certified electronic health record (EHR) technology. To successfully demonstrate meaningful use, eligible professionals, eligible hospitals, and CAHs are required to report clinical quality measures (CQMs) as well as meaningful use functionality measures. Beginning in 2012, eligible professionals may satisfy the meaningful use objective to report CQMs (See **Appendix A** for a list of the 44 CQMs) to CMS by reporting them through:

- 1) Medicare and Medicaid EHR Incentive Programs' web-based Registration and Attestation System; or
- 2) participation in the Physician Quality Reporting System-Medicare EHR Incentive Pilot which utilizes the 2012 Physician Quality Reporting System EHR Measure Specifications.

Purpose: This *Quick-Reference Guide* provides direction to eligible professionals participating in the Medicare EHR Incentive Program on reporting and satisfying the CQM requirements through participation in the Physician Quality Reporting System-Medicare EHR Incentive Pilot. Eligible professionals under the Medicare EHR Incentive Program include:

- Doctors of medicine or osteopathy
- Doctors of dental surgery or dental medicine
- Doctors of podiatry
- Doctors of optometry
- Chiropractors

2012 Physician Quality Reporting System-Medicare EHR Incentive Pilot Participation

- Eligible professionals who seek to participate in the Physician Quality Reporting System-Medicare EHR Incentive Pilot must also participate in the Physician Quality Reporting System through submission of specific 2012 Physician Quality Reporting EHR measures. See **Appendix A** for a list of the specific measures.
 - By submitting specific Physician Quality Reporting EHR Measures through the Pilot, an eligible professional can submit data on the same sample of beneficiaries through their ONC-certified EHR system to meet the core objective for reporting CQMs for the Medicare EHR Incentive Program and meet the requirements for satisfactory reporting under the Physician Quality Reporting System for the 2012 program year.
 - Eligible professionals participating in the Physician Quality Reporting System-Medicare EHR Incentive Pilot are still required to report the other meaningful use objectives through the Medicare and Medicaid EHR Incentive Programs Registration and Attestation System.
- Eligible professionals who wish to participate in the Physician Quality Reporting System-Medicare EHR Incentive Pilot must indicate within the EHR Incentive Program Registration and Attestation System their intent to fulfill the meaningful use objective of reporting CQMs through participation in the Pilot.
- Eligible professionals participating in the Physician Quality Reporting System-Medicare EHR Incentive Pilot are required to report CQMs based on a full calendar year (January 1– December 31), and submit required data to CMS by February 28, 2013, to allow alignment with the Physician Quality Reporting System.
- Please note that there are specific dates regarding successful completion of the other components of the Medicare EHR Incentive Program for which eligible professionals wishing to participate in the Medicare EHR Incentive Program should be familiar.
- Eligible professionals utilizing the direct EHR-based reporting submission method who are unable to report the three core measures and the three alternate core measures as well as any of the remaining 38 measures as a result of not having any patients in the denominator, are not permitted to participate in the Physician Quality Reporting System-Medicare EHR Incentive Pilot.

2012 Physician Quality Reporting System-Medicare EHR Incentive Pilot Submission Methods

To participate in the Physician Quality Reporting System-Medicare EHR Incentive Pilot, eligible professionals must electronically report CQM results via one of the following methods:

- **Use a Physician Quality Reporting “Qualified” EHR Data Submission Vendor to:**
 - Submit calculated/aggregate CQM results (in an XML file) from the eligible professional's Office of National Coordinator (ONC)-certified EHR to CMS on the eligible professional's behalf (required to satisfy the CQM requirements for the EHR Incentive Program),
and
 - Submit the same CQM data at an individual patient level (in the Quality Reporting Data Architecture [QRDA] Category 1 format) using data from the eligible professional's Physician Quality Reporting qualified EHR system (required to satisfy the requirements for the Physician Quality Reporting System).
- **Direct EHR-Based Reporting:**
Eligible professional submits CQM data at an individual patient level directly from an ONC-certified, Physician Quality Reporting qualified EHR system in the QRDA Category 1 format (required to satisfy the CQM requirements for the EHR Incentive Program and qualify for an incentive for the Physician Quality Reporting System). CMS will then calculate CQM results using a uniform calculation process.

Refer to the posted *2012 Physician Quality Reporting System Decision Tree* on the CMS PQRS Alternative Reporting Mechanisms page for options on how to report both Physician Quality Reporting and the Physician Quality Reporting System-Medicare EHR Incentive Pilot via the EHR-based reporting option (also referenced in **Appendix B**).

Questions?

See **Appendix B** for a list of Resources/Key Terms.

Appendix A

2012 Physician Quality Reporting System-Medicare EHR Incentive Pilot Clinical Quality Measures (CQMs)

Core Measures

Eligible professionals participating in the Physician Quality Reporting System-Medicare EHR Incentive Pilot are required to submit information on the following three Medicare EHR Incentive Program core measures:

- PQRS #128 (NQF 0421): Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up
- PQRS #237 (NQF 0013): Hypertension (HTN): Blood Pressure Measurement
- PQRS #226 (NQF 0028): Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention

Alternate Core Measures

If the denominator for one or more of the Medicare EHR Incentive Program core measures is zero, the eligible professional must report on up to three of the following Medicare EHR Incentive Program alternate core measures:

- PQRS #110 (NQF 0041): Preventive Care and Screening: Influenza Immunization
- PQRS #239 (NQF 0024): Weight Assessment and Counseling for Children and Adolescents
- PQRS #240 (NQF 0038): Childhood Immunization Status

Additional Measures

Eligible professionals must report on three of the following measures available for the Medicare EHR Incentive Program:

- PQRS #1 (NQF 0059): Diabetes Mellitus: Hemoglobin A1c Poor Control in Diabetes Mellitus
- PQRS #2 (NQF 0064): Diabetes Mellitus: Low Density Lipoprotein (LDL-C) Control in Diabetes Mellitus
- PQRS #3 (NQF 0061): Diabetes Mellitus: High Blood Pressure Control in Diabetes Mellitus
- PQRS #5 (NQF 0081): Heart Failure: Angiotensin-Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker (ARB) Therapy for Left Ventricular Systolic Dysfunction (LVSD)
- PQRS #6 (NQF 0067): Coronary Artery Disease (CAD): Antiplatelet Therapy
- PQRS #7 (NQF 0070): Coronary Artery Disease (CAD): Beta-Blocker Therapy for CAD Patients with Prior Myocardial Infarction (MI)
- PQRS #8 (NQF 0083): Heart Failure: Beta-Blocker Therapy for Left Ventricular Systolic Dysfunction (LVSD)
- PQRS #9 (NQF 0105): Anti-depressant Medication Management: (a) Effective Acute Phase Treatment, (b) Effective Continuation Phase Treatment
- PQRS #12 (NQF 0086): Primary Open Angle Glaucoma (POAG): Optic Nerve Evaluation
- PQRS #18 (NQF 0088): Diabetic Retinopathy: Documentation of Presence or Absence of Macular Edema and Level of Severity of Retinopathy
- PQRS #19 (NQF 0089): Diabetic Retinopathy: Communication with the Physician Managing On-going Diabetes Care
- PQRS #53 (NQF 0047): Asthma: Pharmacologic Therapy
- PQRS #64 (NQF 0001): Asthma: Assessment of Asthma Control
- PQRS #66 (NQF 0002): Appropriate Testing for Children with Pharyngitis
- PQRS #71 (NQF 0387): Breast Cancer: Hormonal Therapy for Stage IC–IIIC Estrogen Receptor/ Progesterone Receptor (ER/PR) Positive Breast Cancer
- PQRS #72 (NQF 0385): Colon Cancer: Chemotherapy for Stage III Colon Cancer Patients
- PQRS #102 (NQF 0389): Prostate Cancer: Avoidance of Overuse of Bone Scan for Staging Low-Risk Prostate Cancer Patients
- PQRS #111 (NQF 0043): Preventive Care and Screening: Pneumonia Vaccination for Patients 65 Years and Older
- PQRS #112 (NQF 0031): Preventive Care and Screening: Screening Mammography
- PQRS #113 (NQF 0034): Preventive Care and Screening: Colorectal Cancer Screening
- PQRS #117 (NQF 0055): Diabetes Mellitus: Dilated Eye Exam in Diabetic Patient
- PQRS #119 (NQF 0062): Diabetes Mellitus: Urine Screening for Microalbumin or Medical Attention for Nephropathy in Diabetic Patients
- PQRS #163 (NQF 0056): Diabetes Mellitus: Foot Exam
- PQRS #197 (NQF 0074): Coronary Artery Disease (CAD): Drug Therapy for Lowering LDL-Cholesterol
- PQRS #200 (NQF 0084): Heart Failure: Warfarin Therapy for Patients with Atrial Fibrillation
- PQRS #201 (NQF 0073): Ischemic Vascular Disease (IVD): Blood Pressure Management Control
- PQRS #204 (NQF 0068): Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antithrombotic

- PQRS #236 (NQF 0018): Hypertension (HTN): Controlling High Blood Pressure
- PQRS #241 (NQF 0075): Ischemic Vascular Disease (IVD): Complete Lipid Panel and Low Density Lipoprotein (LDL-C) Control
- PQRS #305 (NQF 0004): Initiation and Engagement of Alcohol and Other Drug Dependence Treatment: (a) Initiation, (b) Engagement
- PQRS #306 (NQF 0012): Prenatal Care: Screening for Human Immunodeficiency Virus (HIV)
- PQRS #307 (NQF 0014): Prenatal Care: Anti-D Immune Globulin
- PQRS #308 (NQF 0027): Smoking and Tobacco Use Cessation, Medical Assistance: a. Advising Smokers and Tobacco Users to Quit, b. Discussing Smoking and Tobacco Use Cessation Medications, c. Discussing Smoking and Tobacco Use Cessation Strategies
- PQRS #309 (NQF 0032): Cervical Cancer Screening
- PQRS #310 (NQF 0033): Chlamydia Screening for Women
- PQRS #311 (NQF 0036): Use of Appropriate Medications for Asthma
- PQRS #312 (NQF 0052): Low Back Pain: Use of Imaging Studies
- PQRS #313 (NQF 0575): Diabetes Mellitus: Hemoglobin A1c Control (<8%)

Resources/Key Terms as Used in the 2012 Physician Quality Reporting System-Medicare EHR Incentive Pilot Analysis and Documentation

Resources:

- **CMS Physician Quality Reporting website –**
<http://www.cms.gov/PQRS>
- **Medicare and Medicaid EHR Incentive Programs website –**
<http://www.cms.gov/EHRIncentivePrograms>
- **Eligible Professional List for PQRS –**
http://www.cms.gov/PQRS/Downloads/Eligible_Professionals03-08-2011.pdf
- **Eligibility for Medicare EHR Incentive Program –**
http://www.cms.gov/EHRIncentivePrograms/15_Eligibility.asp#BOOKMARK1
- **2012 Qualified EHR Vendor List –**
http://www.cms.gov/PQRS/20_AlternativeReportingMechanisms.asp
- **2012 EHR Documents for Eligible Professionals (PQRS Measure Specifications) –**
http://www.cms.gov/PQRS/20_AlternativeReportingMechanisms.asp
- **2012 EHR Made Simple –**
http://www.cms.gov/PQRS/20_AlternativeReportingMechanisms.asp
- **2012 Physician Quality Reporting Decision Tree –**
http://www.cms.gov/PQRS/20_AlternativeReportingMechanisms.asp
- **2012 PFS Final Rule –**
<http://www.gpo.gov/fdsys/pkg/FR-2011-07-19/pdf/2011-16972.pdf>
- **EHR Incentive Program Resources for Eligible Professionals –**
http://www.cms.gov/EHRIncentivePrograms/55_EducationalMaterials.asp
- **2012 EHR Incentive Program Attestation module is available on the CMS website –**
https://www.cms.gov/EHRIncentivePrograms/32_Attestation.asp
- **QualityNet Help Desk –**
1-866-288-8912 (7:00 a.m.-7:00 p.m. CST Monday-Friday) or qnetsupport@sdps.org
- **EHR Information Center –**
888-734-6433 (TTY 888-734-6563)

Key Terms:

Attestation

Medicare eligible professionals, eligible hospitals, and critical access hospitals will have to demonstrate meaningful use through CMS' web-based Registration and Attestation System. In the Medicare & Medicaid EHR Incentive Program Registration and Attestation System, providers will fill in numerators and denominators for the meaningful use objectives and clinical quality measures, indicate if they qualify for exclusions to specific objectives, and legally *attest* that they have successfully demonstrated meaningful use. A complete EHR system will provide a report of the numerators, denominators and other information. Then you will need to enter that data into our online Attestation System. Providers will qualify for a Medicare EHR incentive payment upon completing a **successful** online submission through the Attestation System—immediately after you submit your results you will see a summary of your attestation, and whether or not it was successful.

Clinical Quality Measure

Clinical quality measures are based on specific evidence-based practices that have been shown to give the best results to the most people. To demonstrate meaningful use successfully, eligible professionals, eligible hospitals and CAHs are required also to report clinical quality measures specific to eligible professionals or eligible hospitals and CAHs.

Health Information Technology for Economic and Clinical Health (HITECH) Act

Reinvestment Act of 2009, was signed into law on February 17, 2009, to promote the adoption and meaningful use of health information technology. Subtitle D of the HITECH Act addresses the privacy and security concerns associated with the electronic transmission of health information, in part, through several provisions that strengthen the civil and criminal enforcement of the HIPAA rules. More information regarding the HITECH Act can be found on CMS website <http://www.cms.gov/EHRIncentivePrograms/>.

Meaningful Use

The American Recovery and Reinvestment Act of 2009 specifies three main components of meaningful use: The use of a certified EHR in a meaningful manner, such as electronic prescribing; The use of certified EHR technology for electronic exchange of health information to improve quality of health care; and The use of certified EHR technology to submit clinical quality and other measures. Simply put, "meaningful use" means providers need to show they're using certified EHR technology in ways that can be measured significantly in quality and in quantity. More information regarding the Medicare/Medicaid EHR Incentive Program can be found on CMS website <http://www.cms.gov/EHRIncentivePrograms/>.

Certified EHR Technology

The Medicare and Medicaid EHR Incentive Programs require the use of certified EHR technology. Standards, implementation specifications, and certification criteria for EHR technology have been adopted by the Secretary of the Department of Health and Human Services. EHR technology must be tested and certified by an ONC Authorized Testing and Certification Body (ATCB) in order for a provider to qualify for EHR incentive payments. More information on ONC-certified EHR technology can be found on the CMS website https://www.cms.gov/ehrincentiveprograms/25_Certification.asp.