

National Provider Call:
Physician Quality Reporting System (PQRS)
and
Electronic Prescribing (eRx)
Incentive Program

January 22, 2013

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Agenda



- ◆ CMS Updates/Announcements
- ◆ Presentation
 - ◆ 2012 PQRS Data Submission
 - ◆ Individual Eligible Professional Registry, EHR Direct & EHR Data Submission Vendor: Submission
 - ◆ Group Practice Reporting Option (GPRO) Web Interface
 - ◆ 2012 eRx Incentive Program Data Submission
 - ◆ Registry, EHR Direct & EHR Data Submission Vendor: Submission
 - ◆ PQRS Maintenance of Certification Program
 - ◆ Resources & Who to Call for Help
- ◆ Question and Answer Session

2012 PQRS

**INDIVIDUAL ELIGIBLE
PROFESSIONAL REGISTRY, EHR
DIRECT & EHR DATA
SUBMISSION VENDOR:
SUBMISSION**

2012 PQRS: Data Submission



- ◆ You still have time to participate in 2012 PQRS through the following reporting methods:
 - ◆ Qualified registry, or
 - ◆ Qualified EHR Direct, or
 - ◆ Qualified EHR data submission vendor
- ◆ You may potentially qualify to receive a full-year incentive payment
- ◆ Gain experience in reporting PQRS measures before the 2015 PQRS payment adjustment reporting period (1/1/13-12/31/13)

2012 PQRS: Data Submission (cont.)



- ◆ Data submission periods will be followed as listed below
 - ◆ Extensions past the end dates will not be allowed
- ◆ Submit your production data early and often!

2012 PQRS Submission Dates

PQRS Vendor Type	Submission Dates
Registry Vendors	2/1/2013 – 3/31/2013
EHR Direct Vendors	1/1/2013 – 2/28/2013
EHR Data Submission Vendors	1/1/2013 – 2/28/2013

Registry Reporting



◆ What is a registry?

- ◆ Vendor product that captures and stores clinically related data
- ◆ Calculates PQRS measures
- ◆ Submits PQRS/eRx data on behalf of providers

◆ Methods of registry data collection

- ◆ Manual data abstraction, copy of claims, Web portal, practice management software data mining, EHR, combination

◆ Qualified Registries: <http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/Registry-Reporting.html>

◆ Submission timing: **2/1/2013-3/31/2013**

Registry Reporting (cont.)



◆ Steps for Registry Reporting:

1. See list of qualified 2012 registries able to submit measures data on your behalf at <http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/Registry-Reporting.html>
2. Select and contact your preferred registry
 - ◆ You will be required to enter into and maintain an appropriate legal agreement – such arrangements provide for the registry's receipt of the patient-specific data and allow the registry to release quality measure data on behalf of CMS
 - ◆ During enrollment the eligible professional **must** provide the TIN/NPI used to bill on the CMS 1500 form, **and** the individual rendering NPI
3. Work directly with your selected registry
 - ◆ Your registry will provide you with specific instructions on how to appropriately submit data within the specified timeframe for the selected measures or measures group on which you choose to report

EHR Direct Submission



◆ What is EHR Direct?

- ◆ Vendor who qualified an EHR product and version for eligible professionals to utilize to directly submit their PQRS data
- ◆ Eligible professional directly submits PQRS-Medicare EHR Incentive Pilot measures data to CMS in the CMS-specified format on their own behalf
- ◆ Requires an Individuals Authorized Access to the CMS Computer Services (IACS) account

◆ Submission timing: **January 1, 2013–February 28, 2013**

◆ Qualified EHR Direct vendors: <http://cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/Electronic-Health-Record-Reporting.html>

See the December 2012 NPC on the CMS Supported Calls website for information about step-by-step EHR Direct submission

EHR Data Submission Vendor



- ◆ What is a qualified EHR data submission vendor?
 - ◆ Vendor who submits measure data on the eligible professional's behalf
 - ◆ Collects an eligible professional's clinical quality data (at least the numerator data) directly from the eligible professional's EHR
 - ◆ Data submission vendors will be responsible for submitting PQRS measures data from an eligible professional's EHR system to CMS in a CMS-specified format(s) on behalf of the eligible professional for the respective program year
- ◆ Submission timing: **January 1, 2013–February 28, 2013**
- ◆ Qualified Data Submission Vendors:
<http://cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/Electronic-Health-Record-Reporting.html>

See the December 2012 NPC on the CMS Supported Calls website for information about step-by-step EHR data submission vendor information

2012 PQRS

GROUP PRACTICE REPORTING OPTION (GPRO) WEB INTERFACE

2012 PQRS GPRO Overview



- ◆ CMS selected group practices wishing to participate in 2012 PQRS GPRO early in 2012 through a self-nomination process
- ◆ GPROs are analyzed at the TIN level under the TIN submitted at the time of self-nomination
- ◆ If an organization or eligible professional changes TINs, the participation under the old TIN does not carry over to the new TIN, nor is it combined for final analysis

2012 PQRS GPRO

Overview (cont.)



- ◆ 2012 GPROs were required to attend monthly meetings during the 2012 program year with CMS to review the requirements of participation via GPRO and submitting data via the Web Interface
- ◆ To satisfactorily report 2012 PQRS through GPRO, groups must report on all measures included in the Web Interface
- ◆ The Web Interface is an online tool that enables GPROs to answer specific quality measures questions for a pre-populated sample of their group's Medicare beneficiaries
- ◆ GPROs submit their 2012 Web Interface data during the **1st quarter of 2013**
- ◆ 2012 PQRS GPRO abstraction occurs after the close of the 2012 calendar year

2012 PQRS GPRO Overview (cont.)



- ◆ The GPRO Web Interface provides two methods for data abstraction
 - ◆ Manually entering the data for one patient at a time
 - ◆ Using an XML file to upload data for one or more patients
 - ◇ The two methods may be used together if desired
- ◆ The pre-populated list of patients and other select data can be exported at the beginning of the submission period or at any time during the submission period
 - ◆ Exporting the data at the beginning of the submission period will provide information on all data that has been pre-filled for the sampled patients
- ◆ Detailed information on exporting web-interface data is available on the CMS PQRS website, under the Group Practice Reporting Option link at <http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/index.html>

2012 eRx Incentive Program

REGISTRY, EHR DIRECT, AND EHR DATA SUBMISSION VENDOR: SUBMISSION

2012 eRx Incentive Program: Data Submission



- ◆ You still have time to participate in the 2012 eRx Incentive Program, via:
 - ◆ Qualified registry, or
 - ◆ Qualified EHR Direct (not available for 2012 eRx GPRO), or
 - ◆ Qualified EHR data submission vendors
- ◆ You may potentially qualify to receive a full-year incentive payment
- ◆ You may potentially qualify to avoid the 2014 eRx payment adjustment

2012 eRx Incentive Program: Data Submission (cont.)



- ◆ Data submission periods are listed below
 - ◆ Extensions past the end dates will not be allowed
- ◆ Submit your production data early and often!

2012 eRx Incentive Program Submission Dates

eRx Incentive Program Vendor Type	Submission Dates
Registry Vendors	2/1/2013 – 3/31/2013 (same as PQRS submission dates)
EHR Direct Vendors	1/1/2013 – 2/28/2013 (same as PQRS submission dates)
EHR Data Submission Vendors	1/1/2013 – 2/28/2013 (same as PQRS submission dates)

2012 eRx Incentive Program: Reporting Requirements



- ◆ Individual eligible professionals reporting requirements
 - ◆ **25** valid denominator-eligible eRx events to be considered a successful electronic prescriber
 - ◆ Successful electronic prescribers who also have at least 10% of their Medicare Part B PFS allowed charges comprised of the codes in the denominator of the measure for the reporting period (1/1/2013-12/31/2013) will be considered incentive eligible
 - ◆ See the CMS eRx Incentive Program website for the *2012 Electronic Prescribing (eRx) Incentive Program Specification, Release Notes and Claims-Based Reporting Principles* at https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/ERxIncentive/Electronic_Prescribing_Measure.html

2012 eRx Incentive Program: Reporting Requirements (cont.)



◆ eRx GPRO reporting requirements

- ◆ CMS selected group practices wishing to participate in 2012 eRx GPRO early in 2012 through a self-nomination process
- ◆ 100+ eligible professionals - 2,500 eRx events
- ◆ 25-99 eligible professionals - 625 eRx events
- ◆ Successful eRx GPROs must have at least 10% of the group practice's Medicare Part B Physician Fee schedule (PFS) allowed charges comprised of the codes in the denominator of the measure for the reporting period (1/1/2012-12/31/2012) to be considered incentive eligible
- ◆ See the CMS eRx Incentive Program website for the *2012 CMS-Selected GPRO Electronic Prescribing (eRx) Incentive Program Specification, Release Notes and Claims-Based Reporting Principles* at <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/ERxIncentive/Group-Practice-Reporting-Option.html>

2012 eRx Incentive Program: Registry Reporting



◆ Registry Reporting

- ◆ Qualified registries (these vendors also qualify for PQRS submission): See list at <http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/ERxIncentive/Registry-Reporting.html>
- ◆ Submission timing: **2/1/2013-3/31/2013**

2012 eRx Incentive Program: Registry Reporting (cont.)



◆ Steps for Registry Reporting

1. Select and contact your preferred registry
 - ◆ You will be required to enter into and maintain an appropriate legal agreement – such arrangements provide for the registry's receipt of the patient-specific data and allow the registry to release quality measure data on behalf of CMS
 - ◆ During enrollment the eligible professional **must** provide the TIN/NPI used to bill on the CMS 1500 form, **and** the individual rendering NPI
2. Work directly with your selected registry
 - ◆ Your registry will provide you with specific instructions on how to appropriately submit data within the specified timeframe for the selected measures or measures group on which you choose to report

2012 eRx Incentive Program: EHR Submission



◆ EHR Direct

- ◆ Requires an IACS account
- ◆ Submission timing: **January 1, 2013–February 28, 2013**
- ◆ Qualified EHR Direct vendors (these vendors also qualify for PQRS submission): <http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/ERxIncentive/Electronic-Health-Record-Reporting.html>

◆ EHR Data Submission Vendor

- ◆ Submission timing: **January 1, 2013–February 28, 2013**
- ◆ Qualified EHR data submission vendors (these vendors also qualify for PQRS submission): <http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/ERxIncentive/Electronic-Health-Record-Reporting.html>

See the December 2012 NPC on the CMS Supported Calls website for information about step-by-step EHR data submission information

2012 PQRS

MAINTENANCE OF CERTIFICATION PROGRAM

Maintenance of Certification Program



- ◆ Physicians again have the opportunity to earn the PQRS incentive **plus** an additional 0.5% incentive by working with a Maintenance of Certification entity and completing the following:
 - ◆ Satisfactorily submitting data, without regard to method, on quality measures under PQRS, for a 12-month reporting period either as an individual physician or as a member of a selected group practice AND
 - ◆ More frequently than is required to qualify for or maintain board certification (as defined by the specific board):
 - ◆ Participate in a Maintenance of Certification Program ,and
 - ◆ Successfully complete a qualified Maintenance of Certification Program practice assessment

Maintenance of Certification Program (cont.)



- ◆ See list of entities that are qualified for the 2012 PQRS Maintenance of Certification Program Incentive
 - ◆ Completed vetting process to ensure they represent requirements for participation
 - ◆ <http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/Downloads/Fully-Qualified-2012-MOC-Posting-Document-Rev-11282012.pdf>
- ◆ Maintenance of Certification entities should reference the “Maintenance of Certification Program Incentive XML File Specification for Program Year 2012”
 - ◆ http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/Maintenance_of_Certification_Program_Incentive.html

Note: While the listed entities have been qualified, CMS cannot guarantee that any or all of the listed entities will be successful in providing the required information on behalf of their physicians.

Maintenance of Certification Program: Submission



- ◆ Maintenance of Certification entities submit data to CMS on behalf of their providers/specialty boards
 - ◆ Must have an IACS account
- ◆ Maintenance of Certification Program vendors must submit 2012 data **2/1/2013–3/31/2013**

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RESOURCES & WHERE TO CALL FOR HELP

Resources



◆ PQRS Website

<http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS>

◆ eRx Incentive Program Website

<http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/ERxIncentive>

◆ CMS Sponsored Calls Website

<http://cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/CMSSponsoredCalls.html>

◆ Medicare and Medicaid EHR Incentive Programs

<http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms>

◆ Physician Compare

<http://www.medicare.gov/find-a-doctor/provider-search.aspx>

◆ FFS Provider Listserv

<https://list.nih.gov/cgi-bin/wa.exe?A0=PHYSICIANS-L>

◆ Frequently Asked Questions (FAQs)

<https://questions.cms.gov/>

Where to Call for Help

◆ QualityNet Help Desk:

- ◆ Portal password issues
- ◆ PQRS/eRx feedback report availability and access
- ◆ IACS registration questions
- ◆ IACS login issues
- ◆ Program and measure-specific questions

866-288-8912 (TTY 877-715-6222)

7:00 a.m.–7:00 p.m. CST M-F or gnetsupport@sdps.org

You will be asked to provide basic information such as
name, practice, address, phone, and e-mail

◆ Provider Contact Center:

- ◆ Questions on status of 2012 PQRS/eRx Incentive Program incentive payment (during distribution timeframe)
- ◆ See *Contact Center Directory* at
<http://www.cms.gov/MLNProducts/Downloads/CallCenterTollNumDirectory.zip>

◆ EHR Incentive Program Information Center:

888-734-6433 (TTY 888-734-6563)

Acronyms



- ◆ **PQRS** – Physician Quality Reporting System
- ◆ **eRx** – Electronic prescribing
- ◆ **TIN** – Tax Identification Number (Employer Identification Number/EIN or Social Security Number/SSN)
- ◆ **NPI** – National Provider Identifier
- ◆ **PFS** – Physician Fee Schedule
- ◆ **EHR** – Electronic Health Record

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QUESTIONS & ANSWERS

Evaluate Your Experience with Today's National Provider Call



- ◆ To ensure that the National Provider Call (NPC) Program continues to be responsive to your needs, we are providing an opportunity for you to evaluate your experience with today's NPC. Evaluations are anonymous and strictly voluntary.
- ◆ To complete the evaluation, visit <http://npc.blhtech.com/> and select the title for today's call from the menu.
- ◆ All registrants will also receive a reminder email within two business days of the call. Please disregard this email if you have already completed the evaluation.
- ◆ We appreciate your feedback!

