

2008 PHYSICIAN QUALITY REPORTING INITIATIVE FEEDBACK REPORT

Participation in PQRI is at the individual National Provider Identifier level within a Tax ID (TIN/NPI). 2008 PQRI included three claims-based reporting methods, six registry-based reporting methods and two alternate reporting periods. All Medicare Part B claims submitted with PQRI quality-data codes (QDCs) and all registry data received for services furnished from July 1, 2008 to December 31, 2008 (for the six month reporting period) and for services furnished from January 1, 2008 to December 31, 2008 (for the twelve month reporting period) were analyzed to determine whether the Eligible Professional (EP) earned a PQRI incentive payment. Each TIN/NPI had the opportunity to participate in PQRI via multiple reporting methods. Participation is defined as Eligible Professionals (EPs) submitting at least one valid QDC via claims or submitting data via a qualified registry. Valid submissions are where a QDC is submitted and all measure-eligibility criteria is met (i.e. correct age, gender, diagnosis and CPT). For those NPIs satisfactorily reporting multiple reporting methods, the method associated with the most advantageous reporting period satisfied was used to determine their PQRI incentive. The methods reported and amounts earned for each TIN/NPI are summarized below. More information regarding the PQRI program is available on the CMS website, www.cms.hhs.gov/pqri.

Table 1: Earned Incentive Summary for Taxpayer Identification Number (Tax ID)

Sorted by Earned Incentive Yes/No and sub-sorted by NPI Number

Tax ID Name: John Q. Public Clinic

Tax ID Number: XXXXX6789

Total Tax ID Earned Incentive Amount for NPIs (listed below): \$14,150.00	Distribution of Total Incentive Earned Among Carriers and/or A/B MACs That Processed Payments		
	Carrier and/or A/B MAC Identification #	Proportion of Incentive per Carrier and/or A/B MAC	Tax ID Earned Incentive Amount Under Carrier and/or A/B MAC
	12345	90.0%	\$12,735.00
	6789	10.0%	\$1,415.00

NPIs that did not earn an incentive will still appear in the report along with the reason they were not incentive eligible.

NPI	NPI Name	Earned Incentive				Total # Measures with QDCs Submitted ^A	Total # Measures Denominator Eligible with QDCs~	Total # Measures Satisfactorily Reported ^I	Total Estimated Allowed Medicare Part B PFS Charges ^Q	NPI Total Earned Incentive Amount*
		Method of Reporting	Reporting Period	Yes/No	Rationale					
1000000002	Smith, Susie	Individual measure(s) reporting via registry	6 months	Yes	Sufficient # of measures reported at 80%	10	8	5	\$100,000.00	\$1,500.00
1000000003	Not Available	Individual measure(s) reporting via registry	12 months	Yes	Sufficient # of measures reported at 80%	6	4	3	\$133,333.33	\$2,000.00
1000000004	Not Available	80% Measures Groups beneficiaries via claims	6 months	Yes	Sufficient # of beneficiaries reported at 80%	8	6	4	\$63,333.33	\$950.00
1000000006	Not Available	80% Measures Groups patients via registry	12 months	Yes	Sufficient # of patients reported at 80%	8	5	4	\$166,666.66	\$2,500.00
1000000008	Beans, John	Consecutive Measures Groups patients via registry	6 months	Yes	Sufficient # of consecutive patients reported	7	6	4	\$53,333.33	\$800.00
1000000009	Smithson, Steve	Consecutive Measures Groups patients via registry	12 months	Yes	Sufficient # of consecutive patients reported	12	10	9	\$166,666.66	\$2,500.00
1000000011	Jones, Josie	80% Measures Groups patients via registry	6 months	Yes	Sufficient # of patients reported at 80%	7	5	4	\$93,333.33	\$1,400.00
1000000012	Doe, John	Individual measure(s) reporting via claims	12 months	Yes	Sufficient # of measures reported at 80%	6	4	3	\$80,000.00	\$1,200.00
1000000013	Not Available	Consecutive Measures Groups beneficiaries via claims	6 months	Yes	Sufficient # of consecutive beneficiaries reported	9	8	5	\$86,666.66	\$1,300.00

Note: The data in this report were created for this sample and are not associated with actual TINs, NPIs, or beneficiaries.

NPI	NPI Name«	Earned Incentive•				Total # Measures with QDCs Submitted [^]	Total # Measures Denominator Eligible with QDCs~	Total # Measures Satisfactorily Reported [†]	Total Estimated Allowed Medicare Part B PFS Charges [‡]	NPI Total Earned Incentive Amount*
		Method of Reporting	Reporting Period	Yes/No	Rationale					
1000000001	Not Available	80% Measures Groups patients via registry	6 months	No	Insufficient % of patients reported	7	6	4	N/A	N/A
1000000005	Not Available	Individual measure(s) reporting via claims	12 months	No	Insufficient # of measures reported at 80%	6	3	2	N/A	N/A
1000000007	Not Available	Individual measure(s) reporting via claims	12 months	No	Did not pass MAV	8	4	1	N/A	N/A
1000000010	Johnson, John	Consecutive Measures Groups patients via registry	6 months	No	Insufficient # of consecutive patients reported	8	7	4	N/A	N/A
Total:									\$14,150.00	

«Name identified by matching the identifier number in the CMS national Provider Enrollment Chain and Ownership System (PECOS) database. If the organization or professional's enrollment record or enrollment changes have not been processed and established in the national PECOS database as well as at the local Carrier or A/B MAC systems at the time this report was produced, this is indicated by "Not Available". This does not affect the organization's or professional's enrollment status or eligibility for a 2008 PQRI incentive payment, only the system's ability to populate this field in the report.

■The percentage of the total incentive amount earned by the TIN/NPI combinations, split across carriers based on the proportionate split of the Tax ID's total estimated allowed Medicare Part B Physician Fee Schedule (PFS) charges billed across the carriers. (100% of incentive will be distributed by a single carrier if a single carrier processed all claims within the reporting period for the Tax ID).

●An NPI satisfactorily reporting at least one claims-based reporting method or at least one registry-based reporting method and passing the applicable validation process is eligible to receive a PQRI incentive. More information regarding the incentive calculations is available on the CMS website.

^The number of quality-data codes (QDCs) submitted, but are not necessarily valid. Only valid submissions count towards reporting success. If the reporting method is through measures groups, this field will be populated with 'N/A'.

~The number of measures for which the TIN/NPI reported at least one valid quality-data code (QDC). If the reporting method is through measures groups, this field will be populated with 'N/A'.

†The total number of measures the TIN/NPI reported at a satisfactory rate; satisfactory rate is for ≥ 80% of instances. If the reporting method is through measures groups, this field will be populated with 'N/A'.

‡The total estimated amount of Medicare Part B Physician Fee Schedule (PFS) charges associated with services rendered during the reporting period. The PFS claims included were based on the six or twelve month reporting period for the method by which the NPI was incentive eligible.

*The amount of the incentive is based on the total estimated allowed Medicare Part B Physician Fee Schedule (PFS) charges for services performed within the length of the reporting period for which a TIN/NPI was eligible. If N/A, the NPI was not eligible to receive an incentive.

Note: The registry information is based on data calculated and supplied by the 2008 PQRI participating registries.

Note: Your actual payment may vary slightly from the amount listed in the "Total Tax ID Earned Incentive Amount for NPIs" column.

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Table 2: NPI Reporting Detail

Sorted by Reporting Rate and sub-sorted by Reporting Denominator: Applicable Cases

Tax ID Name«: John Q. Public Clinic

Tax ID Number: XXXXX6789

NPI Number: 1000000012

Participation Summary				
All Methods Reported	Reporting Period	Registry Associated	Qualified for Incentive	Reporting Period Used for Incentive◊◊
Individual measure(s) reporting via claims	12 months	N/A	Yes	Yes
Individual measure(s) reporting via registry	6 months	ICLOPS	Yes	No
Individual measure(s) reporting via registry	12 months	STS	No	N/A

Incentive Detail for Individual Measure(s) Reporting via Claims										
NPI	NPI Name«	Earned Incentive•				Total # Measures with QDCs Submitted^	Total # Measures Denominator Eligible with QDCs~	Total # Measures Satisfactorily Reported↓	Total Estimated Allowed Medicare Part B PFS Charges□	NPI Total Earned Incentive Amount*
		Method of Reporting	Reporting Period	Yes/No	Rationale					
1000000012	Doe, John	Individual measure(s) reporting via claims	12 months	Yes	Sufficient # of measures reported at 80%	6	4	3	\$80,000.00	\$1,200.00

Reporting Detail						
Measure #	Measure Title (Measure #)▲	Measure Type■	Reporting Denominator: Applicable Casesℓ	Numerator: Valid QDCs Reported◊	Reporting Rate»	Measure Validation Clinical Focus Area‡
#51	Chronic Obstructive Pulmonary Disease (COPD): Spirometry Evaluation (#51)	Patient-Process	200	180	90.0%	COPD Care
#32	Stroke and Stroke Rehabilitation: Discharged on Antiplatelet Therapy (#32)	Episode	90	74	82.2%	Stroke Discharge
#52	Chronic Obstructive Pulmonary Disease (COPD): Bronchodilator Therapy (#52)	Patient-Process	500	400	80.0%	COPD Care
#33	Stroke and Stroke Rehabilitation: Anticoagulant Therapy Prescribed for Atrial Fibrillation at Discharge (#33)	Episode	70	42	60.0%	Stroke Discharge

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◊◊The method of reporting deemed most advantageous will be indicated with a “Yes”. If the NPI did not qualify for incentive through any reporting methods, the reporting method that was most advantageous would be populated with N/A.

●An NPI satisfactorily reporting at least one claims-based reporting method or at least one registry-based reporting method and passing the applicable validation process is eligible to receive a PQRI incentive. More information regarding the incentive calculations is available on the CMS website.

^The number of quality-data codes (QDCs) submitted, but are not necessarily valid. These instances do not count towards reporting success.

~The number of measures for which the TIN/NPI reported a valid quality-data code (QDC).

↑The total number of measures the TIN/NPI reported at a satisfactory rate; satisfactory rate is for $\geq 80\%$ of instances.

□The total estimated amount of Medicare Part B Physician Fee Schedule (PFS) charges associated with services rendered during the reporting period. The PFS claims included were based on the six or twelve month reporting period for the method by which the NPI was incentive eligible.

*The amount of the incentive is based on the total estimated allowed Medicare Part B Physician Fee Schedule (PFS) charges processed within the length of the longest reporting period satisfied by the eligible professional.

▲Reference number for each measure, according to the 2008 PQRI Quality Measures Specifications document on the CMS PQRI website.

■The analytic category for each measure that determines how the measure will be calculated for PQRI. Measure types can be found in the PQRI Feedback Report User Guide.

⌈The number of instances the TIN/NPI was eligible to report the measure. The number of eligible denominator instances found in claims.

◊The number of reporting instances where the quality-data codes (QDCs) submitted met the measure specific reporting criteria.

»A satisfactorily-reported measure has a reporting rate of 80% or greater.

‡Eligible professionals may find that they have opportunities to report measures in areas that are clinically-related to measures they have chosen to report. The clinical focus area, according to the measure-applicability validation (MAV) process, for each measure is indicated. Please note that some measures may be generally applicable and are not part of a clinical focus area. A detailed description of the MAV process is available on the CMS website.

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Table 3: NPI QDC Submission Error Detail

Sorted by Measure

Incorrect CPT, Incorrect DX, Incorrect CPT and DX, Only QDC on Claim, and Only QDC and Incorrect DX are all mutually exclusive. If there is an incorrect CPT code and also an incorrect diagnosis, it will only fall into the "Both Incorrect CPT and DX" cell for that measure and will not fall into the other two cells.

Tax ID Name: John Q. Public Clinic

NPI Name: Doe, John

NPI Number: 1000000012

Method of Reporting: Individual measure(s) reporting via claims for 12 months

QDC Submission Error Detail												
Measure #	Measure Title (Measure #)▲	Measure Type■	QDC Occurrences			QDC Exceptions (Denominator Mismatches)						
			Actual # Reported ^Ω	Numerator: Valid QDCs Reported ^Ω	% of Valid QDCs Accepted ^Ω	Gender	Age	Only Incorrect CPT	Only Incorrect DX	Both Incorrect CPT and DX [¶]	Only QDC on Claim (no CPT) ^Δ	Only QDC and Incorrect DX ^ξ
#32	Stroke and Stroke Rehabilitation: Discharged on Antiplatelet Therapy (#32)	Episode	99	74	74.7%	0	0	13	5	4	1	2
#33	Stroke and Stroke Rehabilitation: Anticoagulant Therapy Prescribed for Atrial Fibrillation at Discharge (#33)	Episode	54	42	77.8%	0	0	8	2	0	2	0
#51	Chronic Obstructive Pulmonary Disease (COPD): Spirometry Evaluation (#51)	Patient-Process	210	180	85.7%	0	0	21	2	7	0	0
#52	Chronic Obstructive Pulmonary Disease (COPD): Bronchodilator Therapy (#52)	Patient-Process	410	400	97.6%	0	0	3	7	0	0	0
#53	Asthma: Pharmacologic Therapy (#53)	Patient-Process	50	0	0.0%	0	25	12	32	4	2	0
#64	Asthma Assessment (#64)	Patient-Process	25	0	0.0%	0	15	14	2	8	0	1

▲Name identified by matching the identifier number in the CMS national Provider Enrollment Chain and Ownership System (PECOS) database. If the organization or professional's enrollment record or enrollment changes have not been processed and established in the national PECOS database as well as at the local Carrier or A/B MAC systems at the time this report was produced, this is indicated by "Not Available". This does not affect the organization's or professional's enrollment status or eligibility for a 2008 PQRI incentive payment, only the system's ability to populate this field in the report.

ΩNumber of quality-data code (QDC) submissions for a measure whether or not the QDC submission was valid and appropriate.

ΩNumber of valid and appropriate quality-data code (QDC) submissions for a measure.

ΩThe percentage of reported quality-data codes (QDCs) that were valid.

¶Number of invalid quality-data code (QDC) submissions resulting from a combination of incorrect CPT code and incorrect diagnosis code (DX).

ΔNumber of invalid quality-data code (QDC) submissions due to a missing qualifying denominator code since all lines were QDCs.

ξNumber of invalid QDC submissions due to a missing qualifying denominator code since all lines were quality-data codes (QDCs) and the diagnosis codes (DXs) were incorrect.

Note: A QDC submission attempt may be counted for age, gender, and one of the following: Incorrect CPT, Incorrect DX, Both Incorrect CPT and DX, Only QDC on Claim (no CPT), and Only QDC and Incorrect DX (i.e. a submission attempt may be counted for age, gender, and incorrect DX).

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Table 4: NPI Performance Detail
Sorted by Clinical Performance Rate

Numerator Eligible Reporting Instances = 1P + 2P + 3P + Other + Clinical Performance Denominator
Clinical Performance Denominator = Clinical Performance Numerator + QDC Reported + Insufficient QDCs

Tax ID Name«: John Q. Public Clinic

NPI Name«: Doe, John

NPI Number: 1000000012

Method of Reporting: Individual measure(s) reporting via claims for 12 months

Performance Information														
Measure #	Measure Title (Measure #)▲	Numerator: Valid QDCs Reported◇	Numerator Eligible Instances Excluded				Clinical Performance Denominator ■■	Clinical Performance Numerator Met	Clinical Performance Rate□□□	Clinical Performance Not Met		National Comparison for Performance◇◇◇		
			Medical (1P)	Patient (2P)	System (3P)	Other«				QDC Reported▯	Insufficient QDC Information [†]	25th Percentile	50th Percentile	75th Percentile
#51	Chronic Obstructive Pulmonary Disease (COPD): Spirometry Evaluation (#51)	180	53	15	12	0	100	80	80.0%	20	0	23.2%	51.0%	84.3%
#33	Stroke and Stroke Rehabilitation: Anticoagulant Therapy Prescribed for Atrial Fibrillation at Discharge (#33)	42	6	4	0	0	32	18	56.3%	14	0	74.0%	81.4%	90.8%
#52	Chronic Obstructive Pulmonary Disease (COPD): Bronchodilator Therapy (#52)	400	7	3	1	14	375	175	46.7%	102	98	0.0%	34.2%	72.1%
#32	Stroke and Stroke Rehabilitation: Discharged on Antiplatelet Therapy (#32)	74	18	2	0	0	54	15	27.8%	39	0	34.3%	52.8%	94.7%

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▲Reference number for each measure, according to the 2008 PQRI Quality Measures Specifications document on the CMS PQRI website.

◇The number of reporting instances where the quality-data codes (QDCs) submitted met the measure specific reporting criteria.

«Includes instances where a CPT II code, G-code, or 8P modifier is used as a performance exclusion for the measure.

■The performance denominator is determined by subtracting the number of eligible instances excluded from the numerator eligible reporting instances. Valid reasons for exclusions may apply and are specific to each measure. The 2008 PQRI Quality Measures Specifications document is available on the CMS PQRI website.

||The number of instances the NPI within the Tax ID submitted the appropriate quality-data code(s) (QDCs) satisfactorily meeting the performance requirements for the measure.

□□The Clinical Performance Rate is calculated by dividing the Clinical Performance Numerator by the Clinical Performance Denominator.

▯Includes instances where a CPT II code with an 8P modifier or G-code is used to indicate the quality action was not provided for a reason not otherwise specified.

†The number of instances where clinical performance was not met due to insufficient quality-data code (QDC) information/numerator coding not complete for the measure from the TIN/NPI combination (e.g. two numerator codes are necessary for the measure, only one was submitted; inappropriate CPT II modifier submitted for the measure).

◇◇◇The National Comparison for Performance includes performance information for all TIN/NPI combinations submitting at least one quality-data code (QDC) for the measure. The 25th percentile indicates that 25% of the TIN/NPI combinations participating nationally are performing at or below this rate, the 50th percentile indicates that 50% of the TIN/NPI combinations participating nationally are performing at or below this rate, and the 75th percentile indicates that 75% of the TIN/NPI combinations participating nationally are performing at or below this rate.

Note: For the Hemoglobin A1c Poor Control in Type 1 or 2 Diabetes Mellitus (#1) measure, a lower performance rate indicates better performance.

Note: The registry information is based on data aggregated across 2008 PQRI participating registries.