

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 # of Beneficiaries Eligible

Tax ID Name: John Q. Public Clinic
Tax ID Number: XXXXX6789
NPI Number: 1000000004

Participation Summary				
All Methods Reported	Reporting Period	Registry Associated	Qualified for Incentive	Reporting Period Used for Incentive♦♦
80% Measures Groups beneficiaries via claims	6 months	N/A	Yes	Yes

Incentive Detail for 80% Measures Groups Beneficiaries via Claims							
NPI	NPI Name«	Earned Incentive•				Total Estimated Allowed Medicare Part B PFS Charges□	NPI Total Earned Incentive Amount*
		Method of Reporting	Reporting Period	Yes/No	Rationale		
1000000004	Not Available	80% Measures Groups beneficiaries via claims	6 months	Yes	Sufficient # of beneficiaries reported at 80%	\$63,333.33	\$950.00

Reporting Detail				
Measure #	Measures Groups (with Measures Titles and #)►	# of Beneficiaries Eligible♦	# of Beneficiaries Reported♦♦	% of Eligible Beneficiaries Reported
N/A	End Stage Renal Disease Measures Group►►	250	215	86.0%
#78	Vascular Access for Patients Undergoing Hemodialysis (#78)	250	220	88.0%
#79	Influenza Vaccination in Patients with ESRD (#79)	250	225	90.0%
#80	Plan of Care for ESRD Patients with Anemia (#80)	250	215	86.0%
#81	Plan of Care for Inadequate Hemodialysis in ESRD Patients (#81)	250	215	86.0%
#82	Plan of Care for Inadequate Peritoneal Dialysis (#82)	250	215	86.0%

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♦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 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.

► Each measure within the measures group is analyzed as a patient-process measure. Patient-process measures can be found in the 2008 PQRI Feedback Report User Guide.

►► This count is for all measures reported within the measures group.

♦The # of beneficiaries meeting the denominator inclusion criteria for at least one measure within the measures group.

♦♦The # of beneficiaries for which this TIN/NPI submitted one or more Quality-Data Code(s) (QDCs) corresponding with the eligible measures within the measures group.

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Table 4: NPI Performance Detail

Sorted by Clinical Performance Rate and sub-sorted by Number of Eligible Beneficiaries

NPI Name«: Jones, Joe

NPI Number: 1000000222

Tax ID Name«: Heart Clinic

Method of Reporting: 80% Measures Groups beneficiaries via claims for 6 months

Performance Information											
Measure #	Measures Groups (with Measures Titles and #)▶	# of Eligible Beneficiaries	Eligible Instances Excluded				Clinical Performance Denominator■	Clinical Performance Numerator Met	Clinical Performance Not Met		Clinical Performance Rate□□□
			Medical (1P)	Patient (2P)	System (3P)	Other««			QDC Reported▣	Insufficient QDC Information	
N/A	End Stage Renal Disease (ESRD) Measures Group										
#79	Influenza Vaccination in Patients with End Stage Renal Disease (ESRD) (#79)	250	8	15	4	0	223	203	8	12	91.0%
#78	Vascular Access for Patients Undergoing Hemodialysis (#78)	250	12	8	19	13	198	173	4	9	87.4%
#81	Plan of Care for Inadequate Hemodialysis in ESRD Patients (#81)	250	4	12	6	7	221	170	14	25	76.9%
#80	Plan of Care for ESRD Patients with Anemia (#80)	250	5	11	0	4	230	175	15	16	76.1%

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▶Each measure within the measures group is analyzed as a patient-process measure. Patient-process measures can be found in the 2008 PQRI Feedback Report User Guide.

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

■The performance denominator is determined by subtracting the number of eligible instances excluded from the number of eligible beneficiaries. Valid reasons for exclusions may apply, these are specific to each measure. The PQRI Coding for Quality Handbook containing measure specific information is available on the CMS website.

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

|| 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 Performance Denominator.

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