

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.

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 EPs submitting at least one valid QDC via claims or submitting data via a qualified registry. Valid submissions are where a quality-data code is submitted and all measure-eligibility is met (i.e. correct age, gender, diagnosis and CPT). For those NPIs satisfactorily reporting by multiple reporting methods, the method associated with the most advantageous reporting period satisfied was used to determine their PQRI incentive. The results below include: a Participation Summary table listing all of the individual NPI's reporting methods attempted, an Incentive Detail table listing the reporting method upon which the incentive is based, and a Reporting Detail table listing all of the measures reported by the individual NPI's with the reporting rates. More information regarding the PQRI program is available on the CMS website, www.cms.hhs.gov/pqri.

Table 2: NPI Reporting Detail
Sorted by Reporting Rate

Tax ID Name: John Q. Public Clinic

Tax ID Number: XXXXX6789

NPI Number: 1000000003

Participation Summary				
All Methods Reported	Reporting Period	Registry Associated	Qualified for Incentive	Reporting Period Used for Incentive
Individual measure(s) reporting by registry	12 months	ACC	Yes	Yes
80% Measures Groups patients via registry	12 months	SVS	Yes	No

Incentive Detail for Individual Measure(s) Reporting via Registry											
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	Registry Associated	Yes/No	Rationale					
1000000003	Not Available	Individual measure(s) reporting via registry	12 months	ACC	Yes	Sufficient # of measures reported at 80%	6	4	3	\$133,333.33	\$2,000.00

Reporting Detail				
Measure #	Measure Title (Measure #) ▲	Measure Type■	Reporting Denominator: Applicable Cases	Reporting Rate
#31	Stroke and Stroke Rehabilitation: Deep Vein Thrombosis Prophylaxis (DVT) for Ischemic Stroke or Intracranial Hemorrhage (#31)	Episode	520	86.7%
#35	Stroke and Stroke Rehabilitation: Screening for Dysphagia (#35)	Episode	450	84.9%
#36	Stroke and Stroke Rehabilitation: Consideration of Rehabilitation Services (#36)	Episode	410	82.0%
#32	Stroke and Stroke Rehabilitation: Discharged on Antiplatelet Therapy (#32)	Episode	375	72.0%

▲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 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.

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 EPs submitting at least one valid QDC via claims or submitting data via a qualified registry. 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. There will be one NPI performance detail report for each TIN/NPI participating in PQRI. More information regarding the PQRI program is available on the CMS website, www.cms.hhs.gov/pqri.

Table 4: NPI Performance Detail

Sorted by Clinical Performance Rate

NPI Name«: Billey, Bill

NPI Number: 1000000231

Tax ID Name«: Not Available

Method of Reporting: Individual Measures via registry for 12 months

Performance Information						
Measure #	Measures Titles and #►	# of Eligible Patients	Eligible Instances Excluded	Clinical Performance Numerator Met	Clinical Performance Not Met	Clinical Performance Rate
#117	Dilated Eye Exam in Diabetic Patient (#117)	220	33	180	7	81.8%
#1	Hemoglobin A1c Poor Control in Type 1 or 2 Diabetes Mellitus (#1)**	184	22	150	12	81.5%
#119	Urine Screening for Microalbumin or Medical Attention for Nephropathy in Diabetic Patients (#119)	167	42	118	7	70.7%

«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.

► 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.

|| 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.

**A lower performance rate indicates better performance for poor control measures.