

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	

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■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 Patients Eligible

Tax ID Name: John Q. Public Clinic
Tax ID Number: XXXXX6789
NPI Number: 1000000009

Participation Summary				
All Methods Reported	Reporting Period	Registry Associated	Qualified for Incentive	Reporting Period Used for Incentive [ⓓ]
Consecutive Measures Groups patients via registry	12 months	ICLOPS	Yes	Yes

Incentive Detail for Consecutive Measures Patients via Registry								
NPI	NPI Name [Ⓐ]	Earned Incentive [Ⓐ]					Total Estimated Allowed Medicare Part B PFS Charges [Ⓛ]	NPI Total Earned Incentive Amount*
		Method of Reporting	Reporting Period	Registry Associated	Yes/No	Rationale		
1000000009	Smithson, Steve	Consecutive Measures Groups patients via registry	12 months	ICLOPS	Yes	Sufficient # of consecutive patients reported	\$166,666.66	\$2,500.00

Reporting Detail			
Measure #	Measures Groups (with Measures Titles and #) [►]	# of Patients Eligible ^{ⓓⓓⓓ}	% of Eligible Patients Reported
N/A	Preventive Care Measures Group ^{►►}	30	100.0%
#39	Screening or Therapy for Osteoporosis for Women Aged 65 Years and Older (#39)	30	100.0%
#48	Urinary Incontinence: Assessment of Presence or Absence of Urinary Incontinence in Women Aged 65 Years and Older (#48)	30	100.0%
#110	Preventive Care and Screening: Influenza Immunization for Patients > 50 Years Old (#110)	30	100.0%
#111	Preventive Care and Screening: Pneumonia Vaccination for Patients 65 years and Older (#111)	30	100.0%
#112	Preventive Care and Screening: Screening Mammography (#112)	30	100.0%
#113	Preventive Care and Screening: Colorectal Cancer Screening (#113)	30	100.0%
#114	Preventive Care and Screening: Inquiry Regarding Tobacco Use (#114)	30	100.0%
#115	Preventive Care and Screening: Advising Smokers to Quit (#115)	30	100.0%

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

Measure #	Measures Groups (with Measures Titles and #)▶	# of Patients Eligible ^{ooo}	% of Eligible Patients Reported
#128	Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up (#128)	30	100.0%

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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.

^{ooo}The # of consecutive patients, as specified by the registry, meeting the denominator inclusion criteria for at least one measure within the measures group.

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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: Consecutive Measures Groups patients via registry for 12 months

Performance Information						
Measure #	Measures Groups (with Measures Titles and #)►	# of Eligible Patients	Eligible Instances Excluded	Clinical Performance Numerator Met	Clinical Performance Not Met	Clinical Performance Rate
N/A	Diabetes Mellitus Measures Group					
#117	Dilated Eye Exam in Diabetic Patient (#117)	30	4	21	5	80.8%
#1	Hemoglobin A1c Poor Control in Type 1 or 2 Diabetes Mellitus (#1)**	30	0	24	6	80.0%
#119	Urine Screening for Microalbumin or Medical Attention for Nephropathy in Diabetic Patients (#119)	30	1	23	6	79.3%
#3	High Blood Pressure Control in Type 1 or 2 Diabetes Mellitus (#3)	30	3	21	3	77.8%
#2	Low Density Lipoprotein Control in Type 1 or 2 Diabetes Mellitus (#2)	30	0	23	7	76.7%

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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.

|| 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.