

<b>CMS Manual System</b>	<b>Department of Health &amp; Human Services (DHHS)</b>
<b>Pub 100-22 Medicare Quality Reporting Incentive Programs</b>	<b>Centers for Medicare &amp; Medicaid Services (CMS)</b>
<b>Transmittal 1</b>	<b>Date: June 11, 2010</b>
	<b>Change Request 6935</b>

**SUBJECT: Physician Quality Reporting Initiative (PQRI) and E-Prescribing (eRx) Medicare Quality Reporting Incentive Programs Manual**

**I. SUMMARY OF CHANGES:** This CR implements the new manual consisting of chapters 1 and 2, describing the Physician Quality Reporting Initiative (PQRI) and E-Prescribing (eRx) Incentive Programs.

**EFFECTIVE DATE: September 13, 2010**

**IMPLEMENTATION DATE: September 13, 2010**

*Disclaimer for manual changes only: The revision date and transmittal number apply only to red italicized material. Any other material was previously published and remains unchanged. However, if this revision contains a table of contents, you will receive the new/revised information only, and not the entire table of contents.*

**II. CHANGES IN MANUAL INSTRUCTIONS:** (N/A if manual is not updated)

R=REVISED, N=NEW, D=DELETED-Only One Per Row

<b>R/N/D</b>	<b>CHAPTER / SECTION / SUBSECTION / TITLE</b>
N	1/Table of Contents
N	1/10 Background
N	1/20 Eligible Professionals
N	1/20.1 Professionals Eligible to Participate But Not Able to Participate
N	1/20.2 Professionals Not Eligible to Participate in the PQRI and Not Able to Qualify to Earn an Incentive Payment
N	1/20.3 Participation by Group Practices
N	1/30 Payment for Reporting
N	1/40 Reporting Period
N	1/50 Form and Manner of Reporting
N	1/50.1 Claims-based Reporting Mechanism
N	1/50.1.1 Coding and Reporting Principles for Claims-based Reporting
N	1/50.2 Registry-based Reporting Mechanism

N	1/50.3 Electronic Health Record-based (EHR-based) Reporting Mechanism
N	1/60 PQRI Measures
N	1/60.1 Reporting of Individual Quality Measures
N	1/60.2 Reporting of Measures Groups
N	1/70 Criteria for Determination of Satisfactory Reporting
N	1/70.1 Criteria for Determination of Satisfactory Reporting for Individual Eligible Professionals
N	1/70.1.1 Criteria for Determination of Satisfactory Reporting for Claims-based Reporting
N	1/70.1.2 Criteria for Determination of Satisfactory Reporting for Registry-based Reporting
N	1/70.1.3 Criteria for Determination of Satisfactory Reporting for EHR-based Reporting
N	1/70.2 Criteria for Determination of Satisfactory Reporting for Group Practices and Process for Reporting by Group Practices
N	1/80 Limitations on Review
N	1/90 Confidential Feedback Reports
N	2/Table of Contents
N	2/10 Background
N	2/20 Eligible Professionals
	2/20.1 Professionals Eligible to Participate But Not Able to Participate
N	2/20.2 Professionals Not Eligible to Participate in the eRx Incentive Program and Not Able to Qualify to Earn an Incentive Payment
N	2/20.3 Participation by Group Practices
N	2/30 Payment for Reporting
N	2/40 Reporting Period
N	2/50 Form and Manner of Reporting
N	2/50.1 Claims-based Reporting Mechanism

N	2/50.1.1. Coding and Reporting Principles for Claims-based Reporting
N	2/50.2 Registry-based Reporting Mechanism
N	2/50.3 Electronic Health Record-based (EHR-based) Reporting Mechanism
N	2/60 Criteria for Determination of Successful Electronic Prescriber
N	2/60.1 Criteria for Determination of Successful Electronic Prescriber for Individual Eligible Professionals
N	2/60.2 Criteria for Determination of Successful Electronic Prescriber for Group Practices
N	2/70 Confidential Feedback Reports

### **III. FUNDING:**

#### **For Fiscal Intermediaries (FIs), Regional Home Health Intermediaries (RHHIs) and/or Carriers:**

No additional funding will be provided by CMS; Contractor activities are to be carried out within their operating budgets.

#### **For Medicare Administrative Contractors (MACs):**

The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the MAC Statement of Work. The contractor is not obligated to incur costs in excess of the amounts allotted in your contract unless and until specifically authorized by the Contracting Officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the Contracting Officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

### **IV. ATTACHMENTS:**

**Business Requirements**

**Manual Instruction**

*\*Unless otherwise specified, the effective date is the date of service.*