

National Provider Call:
Physician Quality Reporting System
(Physician Quality Reporting)
and
Electronic Prescribing (eRx)
Incentive Program

June 19, 2012

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Agenda



◆ CMS Updates/Announcements

◆ Presentation

- ◆ Highlights of *2010 Reporting Experience, Including Trends (2007-2011)*
- ◆ Physician Quality Reporting: Incentive and Future Payment Adjustments
- ◆ Resources
- ◆ Where to Call for Help

◆ Question and Answer Session

Highlights of

2010 REPORTING EXPERIENCE, INCLUDING TRENDS (2007-2011)

2010 Highlights/Trends



- ◆ CMS released *2010 Physician Quality Reporting and eRx Incentive Program Experience Report*
 - ◆ <http://www.cms.gov/PQRS> > Downloads
- ◆ Physicians and other eligible professionals who met reporting criteria for Physician Quality Reporting earned incentive payment of 2% of their total estimated allowed PFS charges under Medicare Part B for covered professional services
- ◆ Successful electronic prescribers earned a separate 2% incentive payment

2010 Highlights/Trends (cont.)



◆ Combined Physician Quality Reporting/eRx Incentive Program

- ◆ Paid \$662,531,035 in incentives
 - ◆ 72% increase from 2009 (\$384,704,248)
- ◆ Over 64,000 individual eligible professionals (National Provider Identifiers or NPIs) and almost 13,000 practices (Tax ID Number or TIN) participated in both programs
 - ◆ 52% of those individual eligible professionals participating in both programs were incentive eligible in both programs

2010 Highlights/Trends (cont.)



◆ Physician Quality Reporting

- ◆ 244,145 participants (compared to 100,000 in 2007)
- ◆ 168,843 individual eligible professionals/NPIs, representing 19,232 practices/TINs, earned incentive payments totaling \$391,635,495
 - ◆ Total incentive payments increased 65% from 2009 (\$236,696,432)
 - ◆ Number of practices/TINs qualified for incentive (19,232) increased 50% from 2009 (12,781)
- ◆ Participation rate increased from 15% to 24% between 2007-2010
- ◆ Most common reporting option continued to be individual measures through claims

2010 Highlights/Trends (cont.)



◆ Physician Quality Reporting (cont.)

- ◆ 14 eligible professionals/NPIs reported via a qualified EHR system (first year this reporting mechanism available under both Physician Quality Reporting and eRx Incentive Program)
- ◆ Average incentive amount \$2,157 for individual eligible professionals/NPIs and \$20,364 per practice/TIN
 - ◇ Compared to \$1,962 and \$18,519, respectively, in 2009
- ◆ 24,823 eligible professionals/NPIs within 35 practices/TINs qualified for incentive through Physician Quality Reporting CMS-selected group practice reporting option (GPRO)
 - ◇ All 35 practices/TINs (24,823 eligible professionals/NPIs) that self-nominated for GPRO reported measures through this mechanism

2010 Highlights/Trends (cont.)



◆ eRx Incentive Program

- ◆ 113,074 participants
- ◆ 65,857 individual eligible professionals/NPIs and 18,713 practices/TINs earned incentive payments totaling \$270,895,540
- ◆ Total incentive payments increased 83% from 2009 (\$148,007,816)
- ◆ Average incentive amount was \$3,836 per eligible professional/NPI and \$14,476 per practice/TIN

2010 Highlights/Trends (cont.)



◆ eRx Incentive Program (cont.)

- ◆ Number of practices/TINs qualifying for incentive (18,713) increased 83% from 2009 (10,207)
- ◆ 14 eligible professionals reported via a qualified EHR system (first year this reporting mechanism available under both Physician Quality Reporting and eRx Incentive Program)
- ◆ 25 GPROs (17,879 eligible professionals/NPIs) of 35 participated in eRx Incentive Program
 - ◆ 17,093 eligible professionals/NPIs within 23 GPROs qualified for incentive through eRx GPRO

Program Expansions and Eligibility



- ◆ Additional methods of reporting and data submission implemented
 - ◆ New GPRO and EHR options for both Physician Quality Reporting and eRx
- ◆ Addition of 22 individual measures and 6 measures groups
- ◆ Registry reporting increased from 2008 to 2010
 - ◆ 31 qualified registries in 2008
 - ◆ 89 qualified registries submitted data for participating professionals in 2010; approximately 90% earned an incentive

Program Expansions and Eligibility (cont.)



Summary of Reporting Options for the Physician Quality Reporting System and eRx Incentive Program (2009 to 2011)

	Physician Quality Reporting System			eRx		
	2009	2010	2011	2009	2010	2011
Claims: Individual Measures	Yes	Yes	Yes	Yes	Yes	Yes
Claims: Measures Groups	Yes	Yes	Yes	N/A	N/A	N/A
Registry: Individual Measures	Yes	Yes	Yes	No	Yes	Yes
Registry: Measures Groups	Yes	Yes	Yes	N/A	N/A	N/A
Electronic Health Record (EHR)	No	Yes	Yes	No	Yes	Yes
Group Practice Reporting Option (GPRO)	No	Yes	Yes	No	Yes	Yes
Group Practice Reporting Option II (GPRO II)	No	No	Yes	No	No	Yes

Program Expansions and Eligibility (cont.)



Number of Physician Quality Reporting System Measures (2009 to 2011)

	2009	2010	2011
Individual Measures	153	175	198
Measures Groups	7	13	14
EHR	N/A	10	20
GPRO	N/A	26	26
GPRO II	N/A	N/A	189

Participation (cont.)



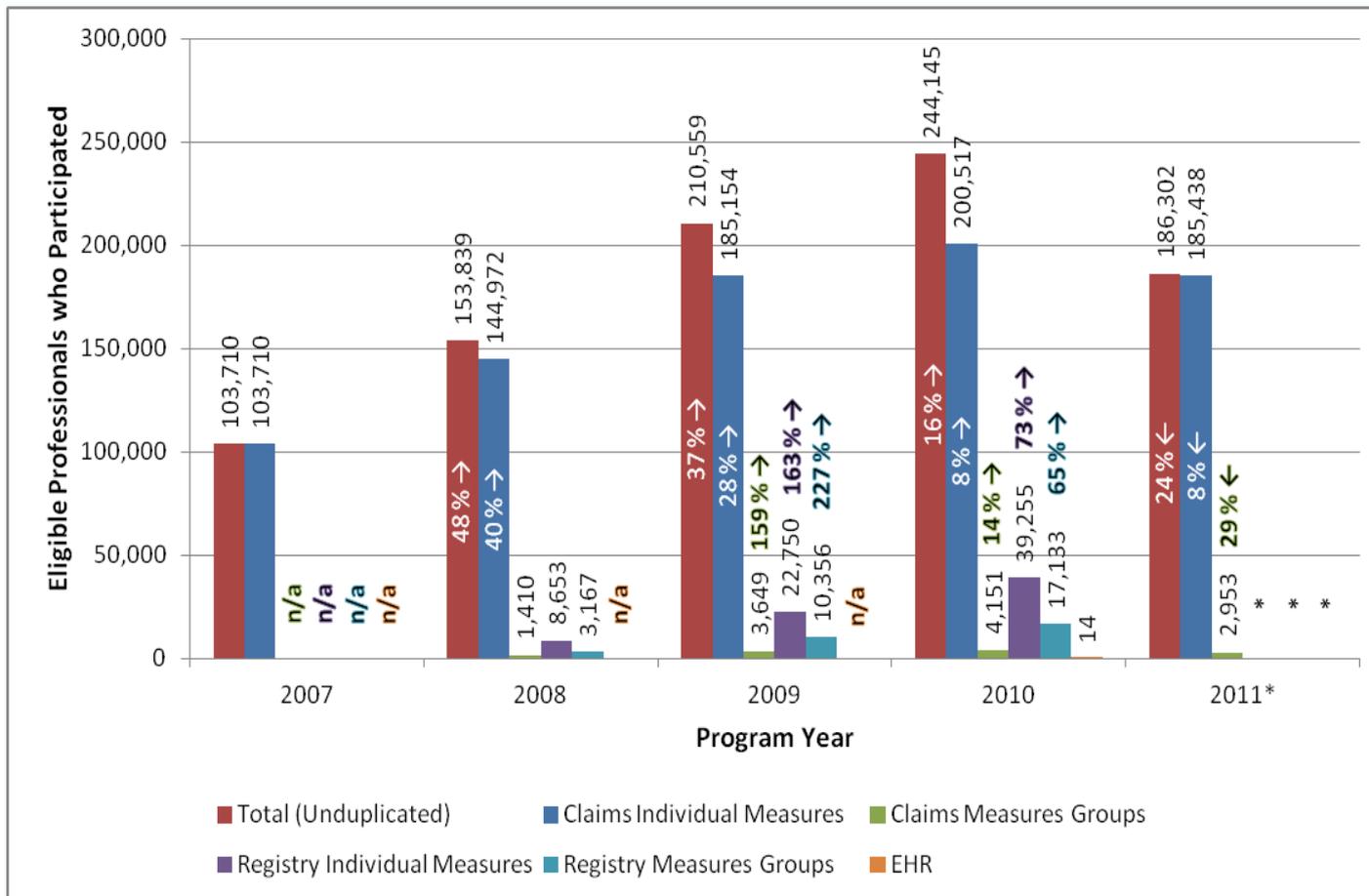
- ◆ Most commonly reported measures groups were Preventive Care and Diabetes
- ◆ Some specialties participated more frequently in 2010 than others
 - ◆ Emergency medicine physicians, family practitioners, internists, and anesthesiologists had largest number of participants in Physician Quality Reporting
 - ◆ Internists and family practitioners were most frequent participants using claims-based measures groups and registry submission methods
 - ◆ Internists and family practitioners were also most common eRx Incentive program participants, but cardiologists and ophthalmologists had highest participation rates

Participation (cont.)



- ◆ More than 1 million eligible professionals could have participated in 2010 Physician Quality Reporting
- ◆ 696,663 eligible professionals could have participated in 2010 eRx Incentive Program
 - ◆ 27 group practices were selected to participate as eRx GPROs
- ◆ Number of eligible professionals participating individually increased 16% and 26% respectively from 2009 Physician Quality Reporting and eRx Incentive Program
- ◆ Preliminary counts for 2011 eRx Incentive Program increased 42% among eligible professionals who participated individually

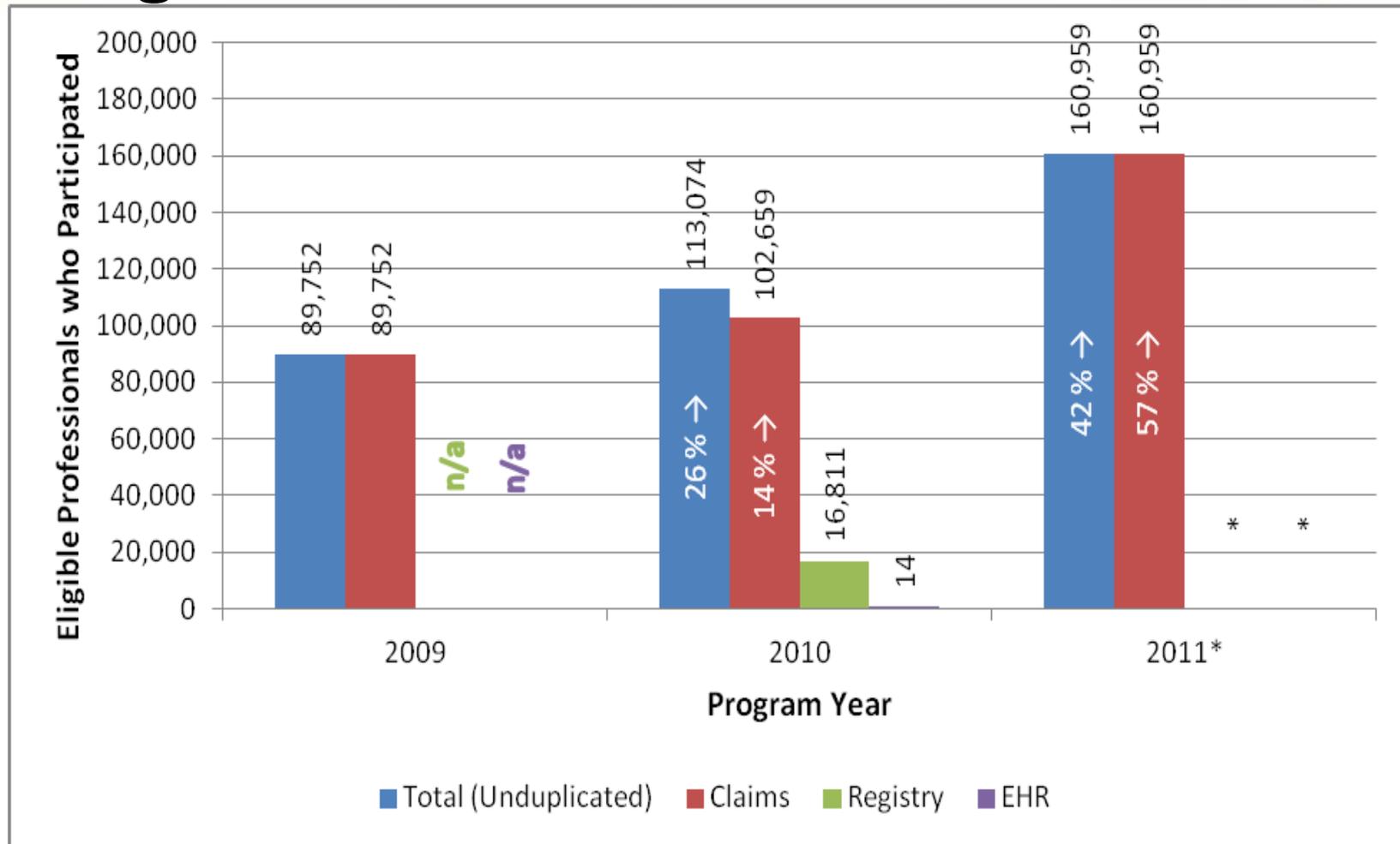
Number of Eligible Professionals Participating, by Physician Quality Reporting System Program Year



Note: Some eligible professionals participated in more than one option.

*Results for 2011 are preliminary only; data for registry and EHR options are not yet available.

Number of Eligible Professionals Participating, by eRx Incentive Program Year



Results included participation under the claims, registry and EHR reporting mechanisms.

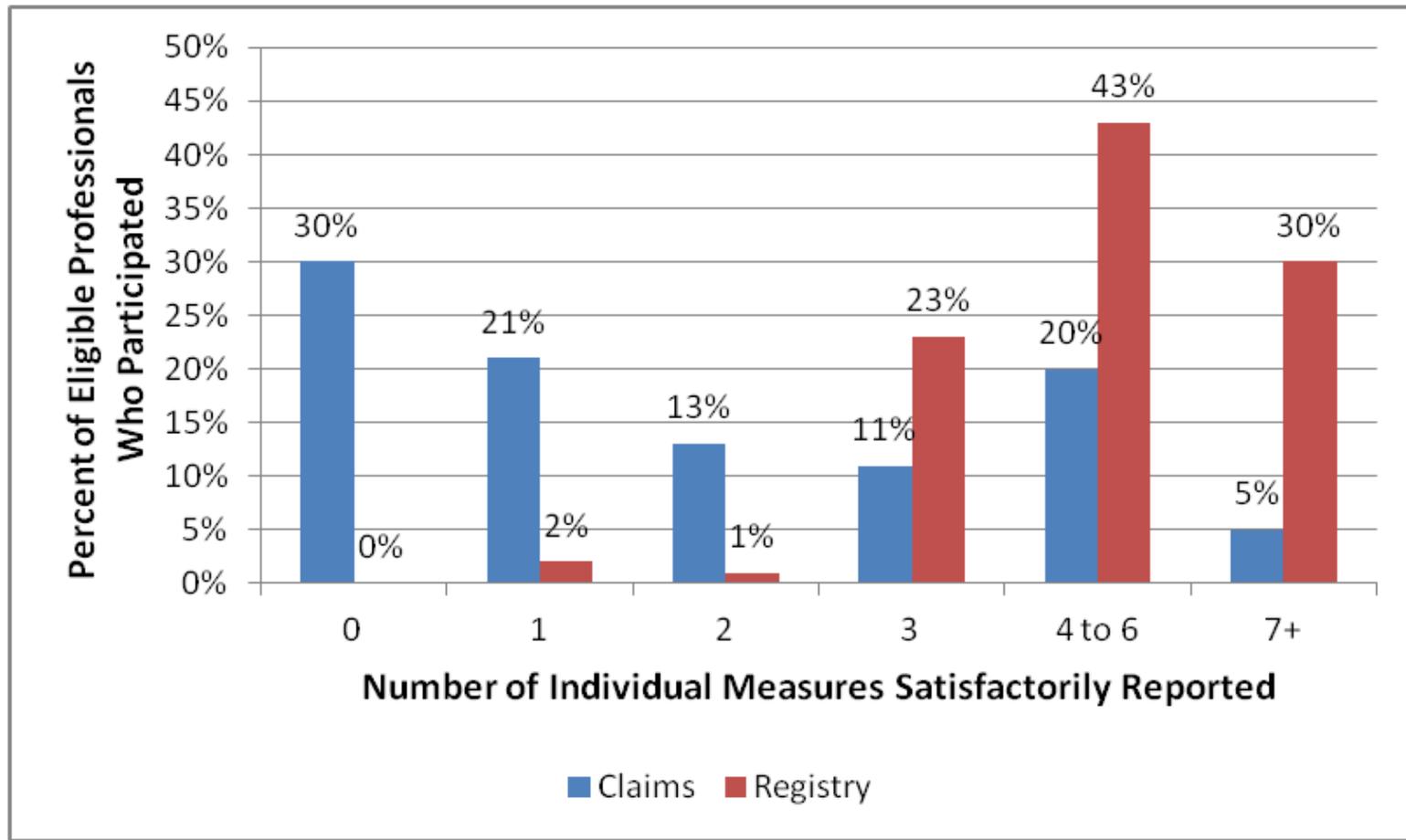
*Results for 2011 are preliminary only; registry and EHR reporting options are not yet available.

Satisfactory Reporting and Challenges to Reporting



- ◆ Very few quality-data code (QDC) errors in eRx Incentive Program
- ◆ 59% of 2010 eRx Incentive Program participants were successful submitters, submitting at least the required 25 eligible instances
- ◆ 96% of eligible professionals who participated in Physician Quality Reporting via claims submitted some valid QDCs; only 4% submitted *all* invalid QDCs
 - ◆ Most common error was submitting QDCs on a claim without a qualifying procedure code
 - ◆ Submission of invalid QDCs were not counted in analysis for incentive eligibility
 - ◆ Participants were likely over-reporting on patients not eligible for the measure

Number of Individual Measures Satisfactorily Reported for Physician Quality Reporting System



Note: Satisfactory reporting required reporting on at least 80% of eligible instances.

2010 Measures with 90%+ Achieving 90%+ Performance Rate (Individual Measures)



Topic Measure	Percent of TIN/NPIs with $\geq 90\%$ Performance
#146 Radiology: Inappropriate Use of “Probably Benign” Assessment Category in Mammography Screening	98.8%
#124 Health Information Technology (HIT): Adoption/Use of Electronic Health Records (EHR)	98.6%
#192 Cataracts: Complications within 30 Days Following Cataract Surgery Requiring Additional Surgical Procedures	97.3%
#139 Cataracts: Comprehensive Preoperative Assessment for Cataract Surgery with Intraocular Lens (IOL) Placement	96.5%
#45 Perioperative Care: Discontinuation of Prophylactic Antibiotics (Cardiac Procedures)	96.3%
#43 Coronary Artery Bypass Graft (CABG): Use of Internal Mammary Artery (IMA) in Patients with Isolated CABG Surgery	96.2%
#131 Pain Assessment Prior to Initiation of Patient Therapy and Follow-Up	94.8%
#18 Diabetic Retinopathy: Documentation of Presence or Absence of Macular Edema and Level of Severity of Retinopathy	94.4%
#100 Colorectal Cancer Resection Pathology Reporting: pT Category (Primary Tumor) and pN Category (Regional Lymph Nodes) with Histologic Grade	93.7%
#58 Community-Acquired Pneumonia (CAP): Assessment of Mental Status	92.4%
#14 Age-Related Macular Degeneration (AMD): Dilated Macular Examination	91.7%
#141 Primary Open-Angle Glaucoma (POAG): Reduction of Intraocular Pressure (IOP) by 15% OR Documentation of a Plan of Care	91.2%
#56 Community-Acquired Pneumonia (CAP): Vital Signs	90.4%
# 99 Breast Cancer Resection Pathology Reporting: pT Category (Primary Tumor) and pN Category (Regional Lymph Nodes) with Histologic Grade	90.2%
#55 12-Lead Electrocardiogram (ECG) Performed for Syncope	90.1%

Improvement in Clinical Outcomes 2007-2010



Measure	2007 Performance Rate (%)	2010 Performance Rate (%)	Percentage Point Improvement 2007 - 2010
#35 Stroke and Stroke Rehabilitation: Screening for Dysphagia	46.5%	87.3%	40.8%
#19 Diabetic Retinopathy: Communication with the Physician Managing On-going Diabetes Care	69.9%	93.9%	23.9%
#52 Chronic Obstructive Pulmonary Disease (COPD): Bronchodilator Therapy	78.4%	99.3%	20.8%
#68 Myelodysplastic Syndrome (MDS): Documentation of Iron Stores in Patients Receiving Erythropoietin Therapy	77.9%	98.4%	20.5%
#45 Perioperative Care: Discontinuation of Prophylactic Antibiotics (Cardiac Procedures)	81.6%	99.6%	18.0%

Note: Results included the claims, registry and EHR reporting options. Results were restricted to a group of eligible professionals who reported the same measure from 2007 to 2010. This table includes measure performance among eligible professionals regardless of whether they met the 80% satisfactory reporting requirement.

Trends in Clinical Performance



Individual Measures with the Largest Percentage Point Decrease in Performance Rate for the Physician Quality Reporting System (2007 and 2010)

Measure	2007 Performance Rate (%)	2010 Performance Rate (%)	Percentage Point Change 2007 – 2010
#40 Osteoporosis: Management Following Fracture of Hip, Spine or Distal Radius for Men and Women Aged 50 Years and Older	80.1%	61.8%	-18.3%
#39 Screening or Therapy for Osteoporosis for Women Aged 65 Years and Older	91.0%	79.5%	-11.6%
#7 Coronary Artery Disease (CAD): Beta-Blocker Therapy for CAD Patients with Prior Myocardial Infarction (MI)	96.4%	85.6%	-10.8%
#1 Diabetes Mellitus: Hemoglobin A1c Poor Control in Diabetes Mellitus	11.2%	16.6%	-5.4%
#36 Stroke and Stroke Rehabilitation: Consideration of Rehabilitation Services	80.0%	76.6%	-3.4%

Results included the claims, registry and EHR reporting options. Results were restricted to a group of eligible professionals who reported the same measure from 2007 to 2010. Measure #1 was an inverse measure where a lower performance rate indicated better performance. This table includes measure performance among eligible professionals regardless of whether they met the 80% satisfactory reporting requirement.

Trends in Clinical Performance (cont.)



◆ GPRO performance

- ◆ GPRO participants reported aggregate results for 26 measures covering coronary artery disease (CAD), diabetes, heart failure, hypertension, and preventive care
 - ◆ GPROs reported measures for, on average, over 400 eligible instances; a few CAD and heart failure measures were reported less often
 - ◆ Measures reported for the most eligible instances, on average, were for weight measurement among heart failure patients and blood pressure measurement
- ◆ Performance rates on measures ranged from a low of 55% for LDL-C control among diabetes patients to a high of 93% for hemoglobin A1c testing in diabetes patients
 - ◆ In general, performance on measures for conditions such as CAD and heart failure was higher (83% to 90%) than performance on preventive measures such as mammography, colorectal cancer screening, influenza immunization, and pneumonia vaccination (60% to 75%)

Trends in Clinical Performance (cont.)



Specialties with the Largest Number of Eligible Professionals who Qualified for an Incentive by Reporting Individual Measures through the Claims Option for the Physician Quality Reporting System (2010)

Specialty	Eligible Professionals who Qualified for an Incentive	Eligible Professionals who Participated	% Who Qualified for an Incentive
Emergency Medicine	27,411	32,030	85.6%
Anesthesiology	12,743	20,040	63.6%
Nurse Anesthetist	9,539	14,274	66.8%
Radiologist	8,899	14,554	61.1%
Family Practice	7,857	14,778	53.2%
Physician Assistant	7,097	9,529	74.5%
Internal Medicine	6,871	14,427	47.6%
Other Eligible Professionals	4,486	7,595	59.1%
Ophthalmology	4,374	7,555	57.9%
Nurse Practitioner	4,352	6,721	64.8%

Results were restricted to individual measures reported through the claims option.

Incentive Eligibility



- ◆ Overall incentive eligibility rate for Physician Quality Reporting increased to 69% of all eligible professionals in 2010
 - ◆ 57% in 2009
- ◆ Among the 67,058 successful submitters (those submitting at least 25 eligible instances) under eRx Incentive Program, 98% or 65,857 also met incentive eligibility (charges for eligible cases must make up \geq 10% of overall Part B PFS charges) threshold, and qualified for an incentive payment

Incentive Eligibility (cont.)

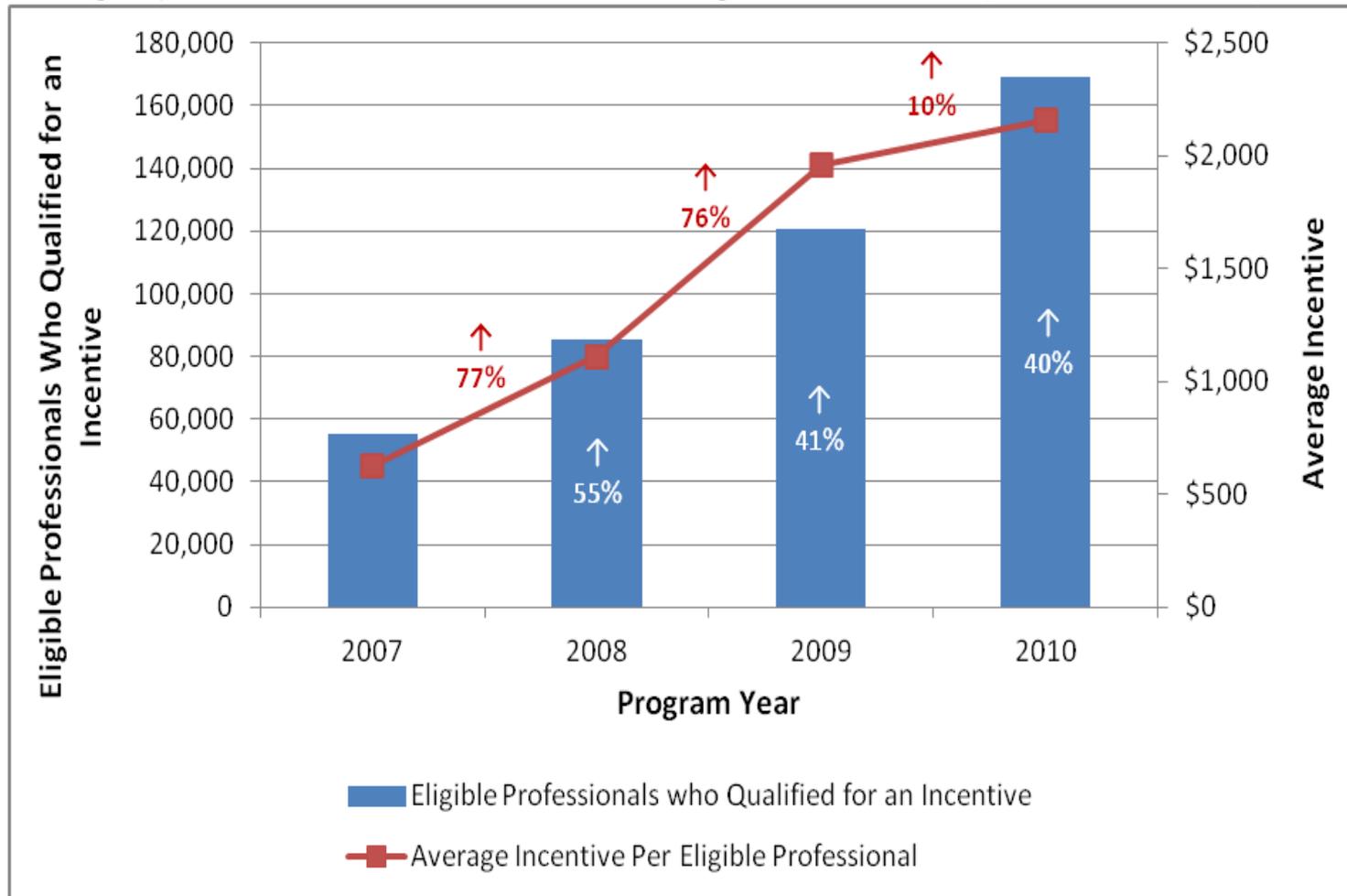


- ◆ Feedback reports provided to all practices where at least one eligible professional/NPI within the TIN submitted a QDC for at least one measure in the program
- ◆ Feedback reports included information on:
 - ◆ Reporting rates
 - ◆ Clinical performance
 - ◆ Incentives earned by individual eligible professionals
 - ◆ Reporting success and incentives earned at TIN level
 - ◆ Measure-Applicability Validation (MAV) process

Eligible Professionals Earning Incentives, by Program Year



Number of Eligible Professionals who Qualified for a Physician Quality Reporting System Incentive and Average Amounts (2007 to 2010)



Physician Quality Reporting

INCENTIVE AND FUTURE PAYMENT ADJUSTMENTS

Incentive and Future Payment Adjustments



- ◆ 2012 is the last year to report for *only* the incentive payment
 - ◆ Future years will utilize reported measure data to determine incentive and payment adjustment eligibility
- ◆ The applicable payment adjustment amounts are as follows:
 - ◆ 2015: 1.5 percent (based on the 2013 reporting period)
 - ◆ 2016 and each subsequent year: 2.0 percent
- ◆ More information on future Physician Quality Reporting payment adjustments will be available in the *2013 PFS Proposed Rule*, to be published Summer of 2012

Resources



- ◆ **CMS Physician Quality Reporting website**
<http://www.cms.gov/PQRS>
- ◆ **CMS eRx Incentive Program website**
<http://www.cms.gov/ERxIncentive>
- ◆ **2011 eRx Final Rule**
<http://www.gpo.gov/fdsys/pkg/FR-2011-06-01/pdf/2011-22629.pdf>
- ◆ **2012 Physician Fee Schedule (PFS) Final Rule**
http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/ERxIncentive/Downloads/2012_PFS_Final_Rule-Pub_11-28-2011.zip
- ◆ **Frequently Asked Questions**
- ◆ **Medicare and Medicaid EHR Incentive Programs**
<http://www.cms.gov/EHRIncentivePrograms>
- ◆ **Physician Compare**
<http://www.medicare.gov/find-a-doctor/provider-search.aspx>

Where to Call for Help



◆ QualityNet Help Desk:

- ◆ Portal password issues
- ◆ Physician Quality Reporting/eRx feedback report availability and access
- ◆ IACS registration questions
- ◆ IACS login issues
- ◆ Program and measure-specific questions

866-288-8912 (TTY 877-715-6222)

7:00 a.m.–7:00 p.m. CST M-F or gnetsupport@sdps.org

You will be asked to provide basic information such as name, practice, address, phone, and e-mail

◆ Provider Contact Center:

- ◆ Questions on status of incentive payment (during distribution timeframe)
- ◆ See *Contact Center Directory* at <http://www.cms.gov/MLNProducts/Downloads/CallCenterTollNumDirectory.zip>

◆ EHR-ARRA Information Center:

888-734-6433 (TTY 888-734-6563)

Time for

QUESTIONS & ANSWERS

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- ◆ We appreciate your feedback!

