National Provider Call:

2012 Physician Quality Reporting System (PQRS) and Electronic Prescribing (eRx) Incentive Program

September 25, 2012

Disciaimers

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Agenda

- ❖ CMS Announcements
- ❖ Presentation
  - ◆ 2011 PQRS and eRx Incentive Program – Incentive Payments
  - ◆ Overview of Feedback Reports for 2011 PQRS/eRx Incentive Program
  - ◆ Still Time to Participate in 2012 PQRS
  - ◆ Still Time to Participate in 2012 eRx Incentive Program
  - ◆ Resources & Who to Contact for Help
- ❖ Questions & Answers

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ANNOUNCEMENTS

Incentive Payments

2011 PQRS & eRx INCENTIVE PROGRAM

2011 Incentive Payments

◈ Eligible professionals and CMS-selected group practices participating in the Group Practice Reporting Option (GPRO) who met criteria for satisfactory 2011 PQRS reporting and/or successful 2011 eRx Incentive Program reporting may earn separate incentive payments

  ◆ 1% of total estimated 2011 Medicare Part B Physician Fee Schedule (PFS) allowed charges for covered professional services furnished during reporting period

2011 Incentive Payments: Distribution

- Available this fall
  - **eRx:** September-October
  - **PQRS:** September-October
- Paid as lump sum to the Taxpayer Identification Number (TIN) under which the eligible professional's claims were submitted or to the GPRO TIN
  - TIN decides distribution within practice
  - PQRS incentive payments will also include an additional 0.5% for the Maintenance of Certification Program Incentive, if applicable
  - Separate incentive payments if successful in both PQRS and eRx Incentive Program

2011 Incentive Payments: Understanding

◈ **Electronic Remittance Advice (RA)**

  ◆ Indicators that eligible professional or GPRO TIN is receiving the 2011 PQRS and/or eRx Incentive Program incentive payment:

   ◇ "LE" indicator signifies a federally mandated payment (appears in the PLB-03-1 segment of the 835)

   ◇ 4-digit code indicates incentive type/reporting year

     ◇ 2011 eRx Incentive Program = RX11

     ◇ 2011 PQRS = PQ11

2011 Incentive Payments: Understanding (cont.)

- ◈ **Paper RA:**
  - ◆ Indicators that eligible professional or GPRO TIN is receiving the 2011 PQRS and/or eRx Incentive Program incentive payment:
    - ◇ "LE" indicator signifies a federally mandated payment
    - ◇ 4-digit code indicates incentive type/reporting year
      - ◇ 2011 eRx Incentive Program = RX11
      - ◇ 2011 PQRS = PQ11
  - ◆ Additionally, reads "This is an eRx incentive payment" or "This is a PQRS incentive payment"
    - ◇ Reporting year not included in paper RA

2011 Incentive Payments: Understanding (cont.)

◈ **PQRS:**

See ***Guide for Understanding 2011 PQRS Incentive Payment***
http://www.cms.gov/PQRS > Analysis and Payment > Downloads

- ◆ **Step 1:** Apply the completion factor
(1.035% for 12 months or 1.066% for 6 months)

- ◆ **Step 2:** Identify the reporting period and method (see list of 14)
  - ◇ Receive incentive for most advantageous method of reporting for which participant qualified

- ◆ **Step 3:** Calculate incentive for each incentive-eligible TIN/National Provider Identifier (NPI) or GPRO TIN
(Add Medicare Part B PFS total estimated allowed charges (x 1.035% or 1.066%) for each TIN/NPI, x 0.01)

- ◆ See p. 2-3 of *Guide* for references/definitions

◈ **eRx Incentive Program:**
See ***Guide for Understanding 2011 eRx Incentive Payment***
http://www.cms.gov/ERxIncentive > Analysis and Payment > Downloads

- ◆ **Step 1:** Apply the completion factor (1.035%)

- ◆ **Step 2:** Identify the reporting period and method
  (12-months Claims, 12-months Registry, 12-months Electronic Health Records [EHR])

- ◆ **Step 3:** Calculate incentive for each incentive-eligible NPI within a TIN (TIN/NPI)
  (Add Medicare Part B PFS total estimated allowed charges (x 1.035%) for each TIN/NPI or GPRO TIN, x 0.01)

- ◆ See p. 2-3 of *Guide* for references/definitions

Overview

2011 PQRS & eRx FEEDBACK REPORTS

2011 Feedback Reports: Purpose

◈ Those eligible professionals who reported at least one valid program quality-data code (QDC) on a claim during the 2011 reporting period (January 1-December 31, 2011) will be able to access the 2011 Feedback Report

  ◆ There are separate reports for the different Medicare Programs, one report for PQRS and another for the eRx Incentive Program

◈ 2011 Feedback Reports provide:

  ◆ final determination of 2011 QDCs program reporting

  ◆ performance information (only for PQRS feedback reports)

  ◆ a summary of incentives earned

2011 Feedback Reports: Availability

◈ Feedback reports will be available as closely as possible to the applicable program's 2011 incentive payment distribution

  ◆ **eRx:** September-October 2012
  ◆ **PQRS:** September-October 2012

◈ The 2011 Feedback Reports will be available to:

  ◆ individual NPIs (referred to as NPI-level report); or
  ◆ the whole TIN (referred to as TIN-level report), which includes NPI-level data for all individual eligible professionals under that TIN

2011 Feedback Reports: Availability (cont.)

◈ NPI-level reports

- ◆ Available to individual eligible professionals (non-GPRO individuals), including sole proprietors who submitted under a Social Security Number (SSN)

- ◆ Individual NPI-level feedback reports can be requested through the Quality Reporting Communication Support Page (Communication Support Page) and will be e-mailed to the eligible professional

    - ◇ http://www.qualitynet.org/pqrs > Related Links (upper left)
    - ◇ Eligible professionals do not need an Individuals Authorized Access to CMS Computer Services (IACS) account to access the NPI-level reports through the Communication Support Page

- ◆ NPI-level data is also available for each individual eligible provider under a TIN through the TIN-level report, accessible through the Physician and Other Health Care Professionals Quality Reporting Portal (Portal) with IACS login

    - ◇ See upcoming slide regarding TIN-level report for more info

2011 Feedback Reports: Availability (cont.)

◈ NPI-level reports are requested through the Communication Support Page, available at http://www.qualitynet.org/pqrs

◆ Before accessing the Communication Support Page, use "Verify Report Portlet" look-up tool as shown in the lower left-hand corner to see if report exists for the NPI

◆ If a report is available, click on "Communication Support Page" under the Related Links (upper left)

◆ Reports will be e-mailed

2011 Feedback Reports: Availability (cont.)

- ❖ Next, select "Create NPI-level Report Request" and complete the request information
    - ◆ allow 2-4 weeks for receipt of report via e-mail

2011 Feedback Reports: Availability (cont.)

◈ TIN-level reports

  ◆ Available to individuals within the same practice or for CMS-selected GPROs

  ◆ Only accessible through the Portal with IACS login at http://www.qualitynet.org/pqrs

    ◇ See *Portal User Guide* and/or *Quick Reference Guides* for detailed instructions on setting up an IACS account and logging into the Portal

2011 Feedback Reports: Availability (cont.)

◈ Available through the Portal at http://www.qualitynet.org/pqrs

- ◆ Use "Verify Report Portlet" look-up tool as shown in the lower left-hand corner to see if report exists for organization's TIN or a National Provider Identifier (NPI)
  - ◇ TIN or NPI must be the one used by the eligible professional to submit Medicare claims and valid QDCs

◈ IACS

    ◆ Provider enrollment information must be current in the Medicare Provider Enrollment Chain and Ownership System (PECOS) in order to request IACS account

        ◇ See http://www.cms.gov/MedicareProviderSupEnroll

        ◇ For PECOS issues, contact **External User Services (EUS) Help Desk** from 7:00 a.m.-7:00 p.m. ET at 1-866-484-8049 (TTY 1-866-523-4759) or EUSsupport@cgi.com

        ◇ New User Registration Menu for CMS Applications is at https://idm.cms.hhs.gov/idm/user/newregistration.jsp
        Note: Any person registering for an IACS account to access program feedback reports is allowed one account - this person is the only one allowed to register for an account (someone cannot set it up for them) and must use his/her own e-mail address when registering

    ◆ Contact the **QualityNet Help Desk** with any IACS or Portal issues: **1-866-288-8912** or TTY 1-866-523-4759 (Monday - Friday 7:00 a.m.-7:00 p.m. CST) or via e-mail at qnetsupport@sdps.org

2011 Feedback Reports: Availability (cont.)

◈ Formats available:
- ◆ NPI-level feedback report
  - ◇ Adobe® PDF
  - ◇ Excel® 2007
- ◆ TIN-level feedback report
  - ◇ Adobe® PDF
  - ◇ Excel® 2007
  - ◇ .csv
- ◆ Can download Excel® Viewer or Compatibility Pack® from Microsoft without having to upgrade an older Office version (if provider does not have Microsoft® Office 2007)
  - ◇ Google™ Docs program will also open Microsoft® Office

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2011 Feedback Reports: Understanding

◈ Resources

- ◆ See *A Guide for Understanding the 2011 eRx Incentive Program Feedback Report*
  http://www.cms.gov/ERxIncentive > Analysis and Payment > Downloads

- ◆ See *A Guide for Understanding the 2011 PQRS Feedback Report*
  http://www.cms.gov/PQRS > Analysis and Payment > Downloads

User Guide

2011
Electronic Prescribing (eRx) Incentive Program
Feedback Reports

Centers for Medicare & Medicaid Services, 7500 Security Boulevard, Baltimore, MD 21244
V1.0 7/20/2012   Page 1 of 25

User Guide

2011
Physician Quality Reporting System
(PQRS)
Feedback Reports

Centers for Medicare & Medicaid Services, 7500 Security Boulevard, Baltimore, MD 21244
V1.0 7/20/2012
Page 1 of 46
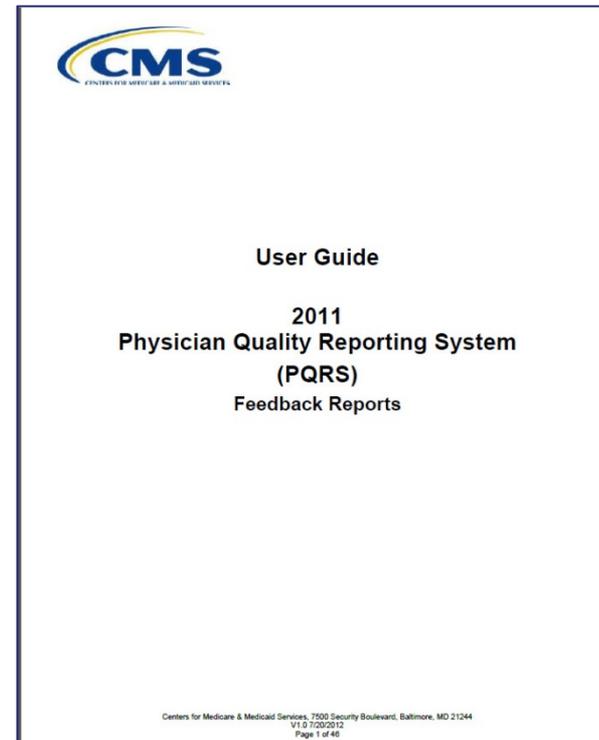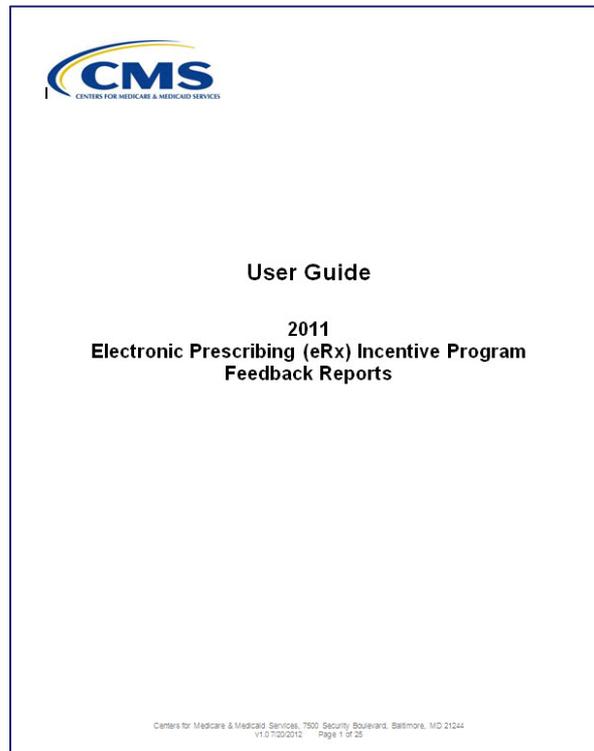
2011 Feedback Reports: Understanding (cont.)

◈ **System requirements**

- ◆ **Compatible operating system**
  - ◇ Any operating system, such as Microsoft® Windows XP Professional or Microsoft® Vista, should be compatible, as long as Internet browser available
  - ◇ Recommend 233 MHz Pentium processor with minimum 150 MB free disk space, 64 MB RAM (128 MB recommended)

- ◆ **Software**
  - ◇ Microsoft® Internet Explorer 8.0 and above or Mozilla® Firefox
  - ◇ Adobe® Acrobat® Reader 5.0 and above
  - ◇ JRE is 1.6.0_21 or higher (software available for download on the Portal)

- ◆ **Internet connection and download time**
  - ◇ Accessible via any Internet connection running on minimum 33.6k or high-speed Internet
  - ◇ Possible that some reports may be as large as 15MB
  - ◇ Downloading large report files may require additional time

◈ **Report content and appearance**

- ◆ Report generated for each TIN with at least one eligible professional reporting any QDC or for each CMS-selected GPRO TIN

- ◆ TIN-level report only accessible by TIN
  - ◇ Up to TIN to distribute information in Table 2 (eRx) or 2-4 (PQRS) if applicable

- ◆ Length of report depends on number of participants

- ◆ Shows total incentive payment amount calculated
  - ◇ PQRS reports will include the extra 0.5% for the Maintenance of Certification Program Incentive, if applicable

- ◆ Notes breakdown of each individual NPI and earned incentive amount

- ◆ **Caution:** Report may contain a partial or "masked" Social Security Number/Social Security Account Number as part of the TIN field
  - ◇ Care should be taken in handling and distribution of this report to protect privacy of individual practitioner with which the SSN is potentially associated

2011 Feedback Reports: Understanding (cont.)

◈ **Report content and appearance (cont.)**

eRx

- ◆ *Table 1: Earned Incentive Summary for Taxpayer Identification Number (Tax ID)*
- ◆ *Table 2: NPI Reporting Detail*

PQRS – TIN-Level Report

- ◆ *Table 1: Earned Incentive Summary for Taxpayer Identification Number (Tax ID)*
- ◆ *Table 2: NPI Reporting Detail*
- ◆ *Table 3: NPI QDC Submission Error Detail*
- ◆ *Table 4: NPI Performance Detail*

PQRS – GPRO I TIN-Level Report

- ◆ *Table 1: Earned Incentive Summary for TIN – GPRO I*
- ◆ *Table 4: Performance Detail for TIN – GPRO I*

PQRS – GPRO II TIN-Level Report

- ◆ *Table 1: Earned Incentive Summary for the TIN – GPRO II*
- ◆ *Table 2: Reporting Detail for the TIN – (GPRO II)*
- ◆ *Table 4: Performance Detail for the TIN – (GPRO II)*

Maintenance of Certification Program Incentive Feedback Report

- ◆ *Table 1: Maintenance of Certification Program Incentive Summary*

Still Time to Participate

2012 PQRS

2012 PQRS
Yes, You Still Have Time!

- ◈ It's not too late to start participating in 2012 PQRS and potentially qualify to receive a 0.5% incentive payment

- ◈ A new 6-month reporting period began on July 1; You can begin reporting data for July 1-December 31, 2012 using the following option:
  - ◆ **Registry-based reporting** of one measures group for 80% or more of applicable Medicare Part B FFS patients of each eligible professional (with a minimum of 8 patients) (6 months)

- ◈ Other possibilities
  - ◆ Several **patient-level measures** in the program only need to be reported once per patient per reporting period
  - ◆ Find an applicable **measures group** that could be reported via claims or registry for a potential 12-month incentive (1 measures group for 30 unique Medicare Part B FFS patients)
  - ◆ Use the **EHR** reporting option (either Direct or data submission vendor [DSV]) to submit 12 months (January 1-December 31, 2012) of data

2012 PQRS
Yes, You Still Have Time! (cont.)

◈ See *2012 Physician Quality Reporting System Measures List* and *2012 Implementation Guide – Decision Tree* for specifics

◈ List of qualified registries is posted on the Alternative Reporting Mechanisms section of the CMS PQRS website

  http://www.cms.gov/PQRS > Alternative Reporting Mechanisms > Downloads

◈ Claims processed by the Carrier/MAC must reach the national Medicare claims system data warehouse (National Claims History file) by **February 22, 2013** to be included in the analysis

  ◆ For claims-based reporting, claims that are resubmitted only to add QDCs will not be included in the analysis

  ◆ Review RA notices from Carrier/MAC to ensure receipt of "N365" remark code for each QDC submitted

    ◇ N365 indicates, "This procedure code is not payable. It is for reporting/ information purposes only."

Still Time to Participate

2012 eRx INCENTIVE PROGRAM

2012 eRx Incentive Program Yes, You Still Have Time!

- ❖ It's not too late to start participating in the 2012 eRx Incentive Program as an individual and potentially qualify to receive a full-year 1% incentive payment
  - ◆ Eligible professionals may begin reporting for the eRx Incentive Program at any time throughout the 2012 program year for services rendered January 1-December 31, 2012
- ❖ eRx Incentive Program is a separate incentive program from other Medicare incentive programs, with different reporting requirements
- ❖ To be a successful electronic prescriber, the individual eligible professional must report the eRx measure **at least 25 times** for <u>denominator-eligible encounters</u>
- ❖ Successful electronic prescribers who also have **at least 10%** of their Medicare Part B charges comprised of the codes in the denominator of the measure for the reporting period (January 1-December 31, 2012) will be considered incentive eligible

Note: The self nomination period for reporting the 2012 eRx Incentive Program as a CMS-selected eRx GPRO closed January 31, 2012.

2012 eRx Incentive Program Yes, You Still Have Time!

- ◈ eRx measure can be reported via claims, qualified registry, or ONC-certified EHR
    - ◆ The eligible professional must submit electronic prescriptions through a "qualified" eRx system/program or ONC-certified EHR technology as defined at 42 CFR 495.4 and 45 CFR 170.102, see http://www.cms.gov/ERxIncentive > Electronic Prescribing Measure for complete information
        - ◇ Note: All functionalities of a "qualified" eRx system must be enabled
        - ◇ The prescription must leave the office as an electronic prescription – not a fax
    - ◆ Detailed information about claims reporting is available in the *2012 Claims-Based Reporting Principles for the 2012 eRx Incentive Program* on the CMS eRx website
- ◈ Only denominator-eligible visits will count for the incentive payment
    - ◆ Including electronically generated refills
- ◈ If multiple prescriptions are electronically prescribed at one eligible patient visit, this only counts as one eRx event

Note: The eRx measure specifications for the current program year may be different from the eRx measure specifications for a prior year. Eligible professionals are responsible for ensuring that they are using the eRx measure specification documents for the correct program year.

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RESOURCES & WHO TO CALL FOR HELP

Resources

❖ **CMS PQRS website**
   http://www.cms.gov/PQRS

❖ **CMS eRx Incentive Program website**
   http://www.cms.gov/ERxIncentive

❖ **2013 PFS Proposed Rule**
   http://www.gpo.gov/fdsys/pkg/FR-2012-07-30/pdf/2012-16814.pdf

❖ **Frequently Asked Questions**

   https://questions.cms.gov/

❖ **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
  ◆ PQRS/eRx feedback report availability and access
  ◆ IACS registration questions
  ◆ IACS login issues
  ◆ Program and measure-specific questions

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

7:00 a.m.–7:00 p.m. CST M-F or **qnetsupport@sdps.org**
You will be asked to provide basic information such as
name, practice, address, phone, and e-mail

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◈ **Provider Contact Center:**
  ◆ Questions on status of 2011 PQRS/eRx Incentive Program incentive payment (during distribution timeframe)
  ◆ See *Contact Center Directory* at
    http://www.cms.gov/MLNProducts/Downloads/CallCenterTollNumDirectory.zip

◈ **EHR Incentive Program Information Center:**

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

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QUESTIONS & ANSWERS

Evaluate Your Experience with Today's National Provider Call

◈ To ensure that the National Provider Call (NPC) Program continues to be responsive to your needs, we are providing an opportunity for you to evaluate your experience with today's NPC. Evaluations are anonymous and strictly voluntary.

◈ To complete the evaluation, visit http://npc.blhtech.com/ and select the title for today's call from the menu.

◈ All registrants will also receive a reminder email within two business days of the call. Please disregard this email if you have already completed the evaluation.

◈ We appreciate your feedback!