

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

January 17, 2012

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Agenda



◆ CMS Updates/Announcements

◆ Presentation

- ◆ Remittance Advice for 2012 eRx Payment Adjustment
- ◆ Self-Nomination Overview
 - ◆ Qualified Registry
 - ◆ Qualified Electronic Health Record (EHR) Direct/Data Submission Vendor (DSV)
 - ◆ Maintenance of Certification Program
 - ◆ Group Practice Reporting Option (GPRO)
 - ◆ Where to Call for Help

◆ Question and Answer Session

2012 eRx Payment Adjustment –

REMITTANCE ADVICE

Remittance Advice



- ◆ Providers receiving the 1% 2012 eRx payment adjustment will see the indicator “**LE**” on their Remittance Advice for all Medicare Part B services rendered from January 1–December 31, 2012
- ◆ The Remittance Advice will also contain the following Claim Adjustment Reason Code (CARC) and Remittance Advice Remark Code (RARC):
 - ◆ **CARC 237** – Legislated/Regulatory Penalty. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or RARC that is not an ALERT)
 - ◆ **RARC N545** – Payment reduced based on status as an unsuccessful eprescriber per the Electronic Prescribing (eRx) Incentive Program

2012 Physician Quality Reporting, eRx Incentive Program

SELF-NOMINATION OVERVIEW: 2012 QUALIFIED REGISTRY

2012 Registry Reporting



◆ Background

- ◆ Eligible professionals whose 2012 Physician Quality Reporting quality measure information is successfully submitted by a CMS qualified registry and who satisfy the applicable criteria for satisfactorily reporting may earn an incentive payment equal to 0.5% of their total allowed charges for all Medicare Physician Fee Scheduled (PFS) covered professional services furnished during the selected 2012 reporting period
- ◆ Successful submission requires that:
 - ◆ the quality measure results as well as numerator and denominator data be sent by the registry to CMS in the specified format; and
 - ◆ include all of the required information based on the reporting option

2012 Registry Reporting (cont.)



- ◆ Starting with the 2012 program year, registries are intermediaries submitting data from a source other than an EHR on behalf of eligible professionals
- ◆ Vendors who obtain their data from an EHR will need to follow the requirements as outlined in the *Requirements for Electronic Health Record (EHR) Data Submission Vendors Qualification for the 2012 Physician Quality Reporting System*
 - ◆ Organizations will need to decide whether they meet the criteria as a registry or EHR data submission vendor
 - ◆ If an organization desires to provide both registry and EHR data submission services, the separate vendor types must be operated under unique Tax Identification Numbers (TINs)

Self-Nomination: 2012 Qualified Registry



- ◆ Qualified 2011 registries who wish to participate in 2012 Physician Quality Reporting were required to notify CMS of their intent to do so via email by **December 1, 2011**
 - ◆ These registries will not need to be “re-qualified” for 2012, but will need to demonstrate compliance with the new 2012 Physician Quality Reporting system registry requirements
 - ◆ Previously qualified registries will need to calculate use cases for any new measures they intend to report
 - ◆ In addition to the ‘intent to submit’ email sent to CMS, 2011 qualified registries will need to submit a formal self-nomination letter to CMS via email by **5 p.m. E.T. January 31, 2012**

Self-Nomination:

2012 Qualified Registry (cont.)



- ◆ Registries who were qualified for 2011, but were not successful in submitting 2011 Physician Quality Reporting data must be able to meet the 2012 Physician Quality Reporting System registry requirements
 - ◆ Additionally, these registries should submit a self-nomination letter via email by **5 p.m. E.T. March 31, 2012** requesting inclusion in 2012
 - ◆ The letter should also include:
 - ◆ which 2012 Physician Quality Reporting individual measures and/or measures groups the registry intends to submit on behalf of its participants, and;
 - ◆ the reporting period(s) and method(s) the registry offers its participants
 - ◆ These registries will be required to participate in the vetting process for 2012

Self-Nomination: 2012 Qualified Registry (cont.)



- ◆ New registries who can meet the specified requirements and wish to participate in 2012 Physician Quality Reporting must submit a self-nomination letter to CMS requesting inclusion in 2012
 - ◆ The letter should also include:
 - ◆ which 2012 Physician Quality Reporting measures the registry intends to submit on behalf of its participants and
 - ◆ the reporting period(s) and method(s) the registry offers its participants

Self-Nomination: 2012 Qualified Registry (cont.)



- ◆ Registries who wish to become qualified to submit 2012 Physician Quality Reporting System data should submit a self-nomination letter to:

**2012 Physician Quality Reporting – Registry Self-Nomination
Centers for Medicare & Medicaid Services
Office of Clinical Standards and Quality
Quality Measurement and Health Assessment Group
7500 Security Boulevard
Mail Stop S3-02-01
Baltimore, MD 21244-1850**

- ◆ Self-nomination letter must be received no later than **5 p.m. E.T. on January 31, 2012**
- ◆ Specific details regarding the self-nomination process and requirements for 2012 qualified registries can be found in the *Registry Requirements for Submission of 2012 Physician Quality Reporting System Data on Behalf of Eligible Professionals* document
 - ◆ http://www.cms.gov/PQRS/20_AlternativeReportingMechanisms.asp > Downloads

2012 Qualified Registries: After Self-Nomination



- ◆ CMS will post a list of qualified registries for the 2012 Physician Quality Reporting System on the Alternative Reporting Mechanisms section of the CMS web site at http://www.cms.gov/PQRS/20_AlternativeReportingMechanisms
- ◆ The list of qualified registries will include:
 - ◆ Registry name
 - ◆ Contact information
 - ◆ The measures and/or measures groups for which the registry is qualified and intends to report
- ◆ The registry posting will be updated at the end of the following phases:
 - ◆ Phase 1 – After successful submissions in a prior Physician Quality Reporting System program year
 - ◆ Phase 2 – After receipt of the registry's intent to submit data to the Physician Quality Reporting System
 - ◆ Phase 3 – After success with completing the Physician Quality Reporting System registry requirements as indicated by CMS' vetting process

2012 Physician Quality Reporting, eRx Incentive Program

SELF-NOMINATION OVERVIEW: 2012 EHR DIRECT VENDOR

2012 Direct EHR Vendors



- ◆ EHR direct vendors are those vendors who are qualifying an EHR product and version for eligible professionals to utilize in order to directly submit their Physician Quality Reporting System measures data to CMS, in the CMS-specified format, on their own behalf
- ◆ The self-nomination and vetting process for EHR direct vendors for 2012 Physician Quality Reporting System was completed in 2011; however, an additional vetting period for new EHR direct vendors will be available in 2012
 - ◆ Self-nomination for the additional vetting period is required for EHR direct vendors who wish to become qualified to participate in 2012 Physician Quality Reporting System
 - ◆ Those vendors who previously qualified during the 2011 vetting period do not need to be re-vetted

Self-Nomination: 2012 EHR Direct Vendor



- ◆ EHR direct vendors who wish to become qualified to submit 2012 Physician Quality Reporting System data should submit a self-nomination letter to:

**2012 Physician Quality Reporting System EHR Direct Nomination
Centers for Medicare & Medicaid Services
Office of Clinical Standards and Quality
Quality Measurement and Health Assessment Group
7500 Security Boulevard
Mail Stop S3-02-01
Baltimore, MD 21244-1850**

- ◆ Self-nomination letter must be received no later than **5 p.m. E.T. on January 31, 2012**
 - ◆ Failure to meet this deadline will preclude the EHR direct vendor from submission of 2012 Physician Quality Reporting System data
- ◆ Specific details regarding the self-nomination requirements for EHR direct vendors can be found in the *Requirements for Electronic Health Record (EHR) Direct Vendors Qualification for the 2012 Physician Quality Reporting System* document
 - ◆ http://www.cms.gov/PQRS/20_AlternativeReportingMechanisms.asp > Downloads

2012 EHR Direct Vendors: After Self-nomination



- ◆ The process for qualifying EHR direct vendor systems to submit clinical quality data by eligible professionals for 2012 Physician Quality Reporting are expected to follow the process listed below:
 1. Vendors will self-nominate their EHR product as previously described
 2. Nominees will go through a vetting process consisting of a test file submission process where TEST data is submitted on all 51 EHR measures in the CMS-approved file format
 3. Vendors who pass may need to adapt their system to any changes in the measure specifications that may arise due to alignment of Physician Quality Reporting System with the EHR Incentive Program (HITECH) implementation of meaningful use
- ◆ CMS will post a list of qualified 2012 EHR direct vendors after the vetting process is complete
 - ◆ http://www.cms.gov/PQRS/20_AlternativeReportingMechanisms.asp > Downloads

2012 Physician Quality Reporting, eRx Incentive Program

SELF-NOMINATION OVERVIEW: 2012 EHR DATA SUBMISSION VENDOR

2012 EHR Data Submission Vendors



- ◆ An EHR data submission vendor (DSV) is a vendor that collects an eligible professional's clinical quality data directly from the eligible professional's EHR
 - ◆ DSVs will be responsible for submitting Physician Quality Reporting measures data from an eligible professional's EHR system to CMS, in a CMS-specified format(s), on behalf of the eligible professional for the respective program year
- ◆ Please review the Decision Tree found on page 2 of the *Requirements for Electronic Health Record (EHR) Data Submission Vendors Qualification for the 2012 Physician Quality Reporting System* document to ensure you are meeting the appropriate vendor requirements
 - ◆ http://www.cms.gov/PQRS/Downloads/2012_EHRDataSubmissionVendorRequirements_2.pdf > Downloads

Self-Nomination: 2012 Qualified Data Submission Vendor



- ◆ EHR data submission vendors who wish to become qualified to submit 2012 Physician Quality Reporting System data should submit a self-nomination letter to:

**2012 Physician Quality Reporting System EHR Data Submission Vendor Nomination
Centers for Medicare & Medicaid Services
Office of Clinical Standards and Quality
Quality Measurement and Health Assessment Group
7500 Security Boulevard
Mail Stop S3-02-01
Baltimore, MD 21244-1850**

- ◆ The self-nomination letter must be received no later than **5 p.m. E.T. on January 31, 2012**
 - ◆ Failure to meet this deadline will preclude the EHR data submission vendor from submission of 2012 Physician Quality Reporting System data
- ◆ Specific details regarding the self-nomination requirements for EHR DSVs can be found in the *Requirements for Electronic Health Record (EHR) Data Submission Vendors Qualification for the 2012 Physician Quality Reporting System* document
 - ◆ http://www.cms.gov/PQRS/20_AlternativeReportingMechanisms.asp > Downloads

2012 EHR Data Submission Vendors: After Self-Nomination



- ◆ The process for qualifying EHR data submission vendors to submit clinical quality data by eligible professionals for 2012 Physician Quality Reporting System are expected to follow the process listed below:
 1. Vendors will self-nominate their EHR product as previously described
 2. Nominees will go through a vetting process consisting of a test file submission process where TEST data is submitted. The extent of the testing will be dependent on whether a vendor is “open” or “closed”
 3. Vendors who pass may need to adapt their system to any changes in the measure specifications that may arise due to alignment of Physician Quality Reporting System with the EHR Incentive Program (HITECH) implementation of meaningful use
- ◆ CMS will post a list of qualified 2012 EHR data submission vendors after the vetting process is complete
 - ◆ http://www.cms.gov/PQRS/20_AlternativeReportingMechanisms.asp > Downloads

2012 Physician Quality Reporting

SELF-NOMINATION OVERVIEW: MAINTENANCE OF CERTIFICATION PROGRAM INCENTIVE

2012 Maintenance of Certification Program: Participation for Eligible Professionals



- ◆ A “Maintenance of Certification Program” is a continuous assessment program that advances quality and the lifelong learning and self-assessment of board-certified, specialty physicians by focusing on the competencies of patient care, medical knowledge, practice-based learning, interpersonal and communication skills, as well as professionalism
- ◆ Physicians who are incentive eligible for the Physician Quality Reporting System can receive an additional 0.5% incentive payment when one of the following two Maintenance of Certification Program Incentive requirements have also been met:
 - ◆ Participate in educational and self-assessment programs that require an assessment of what was learned
 - ◆ Demonstrate through a formalized, secure examination, that the physician has the fundamental diagnostic skills, medical knowledge and clinical judgment to provide quality care in their respective specialty

2012 Maintenance of Certification Program: Participation for Eligible Professionals (cont.)



- ◆ To participate in a Maintenance of Certification Program, an eligible professional must:
 - ◆ Be a board-certified physician
 - ◆ Meet the requirements for satisfactory reporting under the Physician Quality Reporting System as an individual eligible professional, without regard to reporting option
 - ◆ Identify a Maintenance of Certification Program that has become qualified for purposes of the 2012 Physician Quality Reporting System Maintenance of Certification Program Incentive
 - ◆ A list of sponsoring organizations for the 2012 Maintenance of Certification Program will be available mid-2012 on the CMS Physician Quality Reporting System web site at http://www.cms.gov/PQRS/23_Maintenance_of_Certification_Program_Incentive.asp
- ◆ Physicians are not required to self-nominate to participate in the 2012 Maintenance of Certification Program and should instead contact their specialty board or other applicable sponsoring entity for additional details on participation requirements

2012 Maintenance of Certification: Sponsoring Organizations



- ◆ Maintenance of Certification Program entities manage the program as well as submit 2012 program data on behalf of physicians
- ◆ A Maintenance of Certification Program has demonstrated to CMS what constitutes “more frequently” for the Maintenance of Certification Program itself and for the practice assessment for the specific sponsoring organization
- ◆ Sponsoring organizations wishing to participate as a Maintenance of Certification Program entity must:
 - ◆ Complete a self-nomination process
 - ◆ Be approved for participation by CMS; and
 - ◆ Submit Maintenance of Certification Program information to CMS on the eligible professional’s behalf

Self-Nomination: Sponsoring Organizations for 2012 Maintenance of Certification Program



- ◆ Self-nominations should be sent via a mailed letter to:
**2012 Physician Quality Reporting System
Maintenance of Certification Program Incentive Self-Nomination
Centers for Medicare & Medicaid Services
Office of Clinical Standards and Quality
Quality Measurement & Health Assessment Group
7500 Security Boulevard
Mail Stop S3-02-01
Baltimore, MD 21244-1850**
- ◆ The self-nomination letter must be received no later than **5 p.m. E.T. on January 31, 2012**
- ◆ For specific details regarding the self-nomination letter, please see the *Physician Quality Reporting System Maintenance of Certification Program Incentive Requirements of Self-Nomination for 2012* document at http://www.cms.gov/PQRS/23_Maintenance_of_Certification_Program_Incentive.asp > Downloads

2012 Maintenance of Certification Program: Resources



- ◆ The following reference documents can be found on the Maintenance of Certification Program Incentive section of the CMS Physician Quality Reporting web site at http://www.cms.gov/PQRS/23_Maintenance_of_Certification_Program_Incentive.asp > Downloads

Resources for Eligible Professionals

- ◆ *2012 Maintenance of Certification Program Incentive Made Simple* - This Fact Sheet provides steps for successful participation in the Maintenance of Certification Program Incentive and also explains the role of the qualified Maintenance of Certification Program Incentive entity
- ◆ *Fully Qualified Maintenance of Certification Program Incentive Entities for 2012* – A list of entities that have participated in a vetting process to ensure that the Maintenance of Certification Program(s) they represent meet the requirements for participation in this incentive; Further vetting will occur to ensure successful transmission of data in the summer of 2012. CMS intends to post this list by mid-2012.

2012 Maintenance of Certification Program: Resources (cont.)



Resources for Eligible Professionals and Sponsoring Organizations

- ◆ *The Physician Quality Reporting System Maintenance of Certification Program Incentive Requirements of Self-Nomination for 2012* – This document outlines the self-nomination requirements for sponsoring organizations and details the program requirements for physicians wishing to participate in the 2012 Maintenance of Certification Program Incentive

2012 Physician Quality Reporting, eRx Incentive Program

SELF-NOMINATION OVERVIEW: GROUP PRACTICE REPORTING OPTION (GPRO)

2012 GPRO



- ◆ Group practices participating in the 2012 Group Practice Reporting Option (GPRO) that satisfactorily report data on Physician Quality Reporting measures for assigned Medicare beneficiaries for 2012 are eligible to earn an incentive payment equal to 0.5% of the group practice's total estimated Medicare Part B Physician Fee Schedule (PFS) allowed charges for covered professional services furnished during the 2012 reporting period
 - ◆ An individual eligible professional who is a member of a group practice selected to participate in Physician Quality Reporting GPRO is not eligible to separately earn a Physician Quality Reporting incentive payment as an individual eligible professional under that same Tax Identification Number/National Provider Identifier (NPI) combination
 - ◆ Once a group practice (TIN) is selected to participate in the GPRO, this is the only method of Physician Quality Reporting available to the group and all individual NPIs who bill Medicare under the group's TIN for 2012

2012 GPRO (cont.)



- ◆ Beginning with 2012 Physician Quality Reporting, GPRO I and GPRO II will be replaced with a single group practice reporting option (GPRO)
- ◆ A “group practice” is defined as a single TIN with 25 or more individual eligible professionals (as identified by individual NPI) who have reassigned their billing rights to the TIN
- ◆ Group practices must go through a self-nomination process and be selected by CMS in order to participate 2012 Physician Quality Reporting GPRO

Self-Nomination: 2012 GPRO



- ◆ Although group practices that participated in the 2011 GPRO are automatically qualified to participate in the 2012 GPRO, they are still required to notify CMS of their desire to continue participation via email
 - ◆ This email address will be provided to existing group practices during the mandatory monthly support calls
 - ◆ Notification of intent to continue as a group practice in the GPRO for 2012 must be received no later than **5 p.m. E.T. January 31, 2012**

Self-Nomination: 2012 GPRO (cont.)



- ◆ To be considered for 2012 Physician Quality Reporting GPRO, new group practices must address the CMS specified requirements in a self-nomination letter
- ◆ Group practices that wish to participate in *both* 2012 Physician Quality Reporting and eRx GPRO must indicate the desire to do so in the self-nomination letter
- ◆ Self-nomination letters should be accompanied by an encrypted electronic file that includes:
 - ◆ TIN and all rendering NPIs
 - ◆ Name of the group practice
 - ◆ Name and email address of a single point of contact for administrative issues
 - ◆ Name and email address of a single point of contact for technical support purposes
- ◆ Group practices that submit an incomplete self-nomination letter will **not** be considered for inclusion in the 2012 Physician Quality Reporting GPRO

Self-Nomination: 2012 GPRO (cont.)



- ◆ Group practices should submit self-nomination letters to:
**2012 Physician Quality Reporting-eRx GPRO Self-Nomination
Centers for Medicare & Medicaid Services
Office of Clinical Standards and Quality
Quality Measurement and Health Assessment Group
7500 Security Boulevard
Mail Stop S3-02-01
Baltimore, MD 21244-1850**
- ◆ The self-nomination letter must be received no later than **5 p.m. E.T. on January 31, 2012**
- ◆ Specific details regarding the self-nomination requirements for the 2012 GPRO can be found in the *Group Practice Reporting Option (GPRO) Requirements for Submission of 2012 Physician Quality Reporting System and Electronic Prescribing (eRx) Incentive Program Data* document at
 - ◆ http://www.cms.gov/PQRS/22_Group_Practice_Reporting_Option.asp > Downloads

2012 GPRO: After Self-Nomination



- ◆ CMS will:
 - ◆ assess whether the participation requirements are met by each self-nominated group practice
 - ◆ determine reporting requirements based on group size, and
 - ◆ notify group practices of their decision by the end of the first quarter of 2012
- ◆ After the groups have been selected, CMS will schedule a 2012 GPRO kick-off meeting
 - ◆ GPRO specific requirements/deadlines will be discussed during the kick-off meeting
- ◆ The “opt-out” period for group practices who self-nominated to report under the GPRO will be the four-week period following the kick-off meeting
 - ◆ CMS will allow NPIs to earn an individual Physician Quality Reporting Incentive if a group practice withdraws during the “opt-out” period
 - ◆ Group practices that withdraw after the “opt-out” period will **not** be eligible to earn an incentive payment for 2012 Physician Quality Reporting at the individual level

Where to Call for Help



◆ QualityNet Help Desk:

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

CMS Staff

QUESTIONS AND ANSWERS