

NATIONAL PROVIDER CALL:
Physician Quality Reporting System
(Physician Quality Reporting, formerly PQRI)
and
Electronic Prescribing (eRx)
Incentive Program

May 17, 2011

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Agenda



- ◆ Announcements – Dr. Daniel Green
- ◆ Highlights of the *2009 Physician Quality Reporting System and eRx Incentive Program Experience Report* – Elia Cossis
- ◆ Measures vs. Measures Groups: A Clear Understanding – Dr. Daniel Green
- ◆ Understanding Measure Numerators and Denominators – Kimberly Schwartz
- ◆ Questions & Answers

Daniel Green, M.D.

ANNOUNCEMENTS

Elia Cossis

HIGHLIGHTS OF *2009 PHYSICIAN QUALITY REPORTING SYSTEM AND ERX INCENTIVE PROGRAM EXPERIENCE REPORT*

2009 Highlights



- ◆ CMS released *2009 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 charges under Medicare Part B for covered professional services
- ◆ Successful electronic prescribers earned a separate 2% incentive payment

2009 Highlights (cont.)



◆ Physician Quality Reporting

- ◆ 210,000+ participants
- ◆ ~120,000 eligible professionals, representing 12,647 practices, earned incentive payments totaling ~\$235 million
- ◆ Average incentive amount ~\$2,000 for individual eligible professionals and ~\$18,500 per practice

2009 Highlights (cont.)



◆ eRx Incentive Program

- ◆ 92,000+ participants
- ◆ ~48,000 earned incentive payments totaling ~\$148 million
- ◆ Average incentive amount just over \$3,000 per eligible professional and \$14,000 per practice

Program Expansions and Eligibility



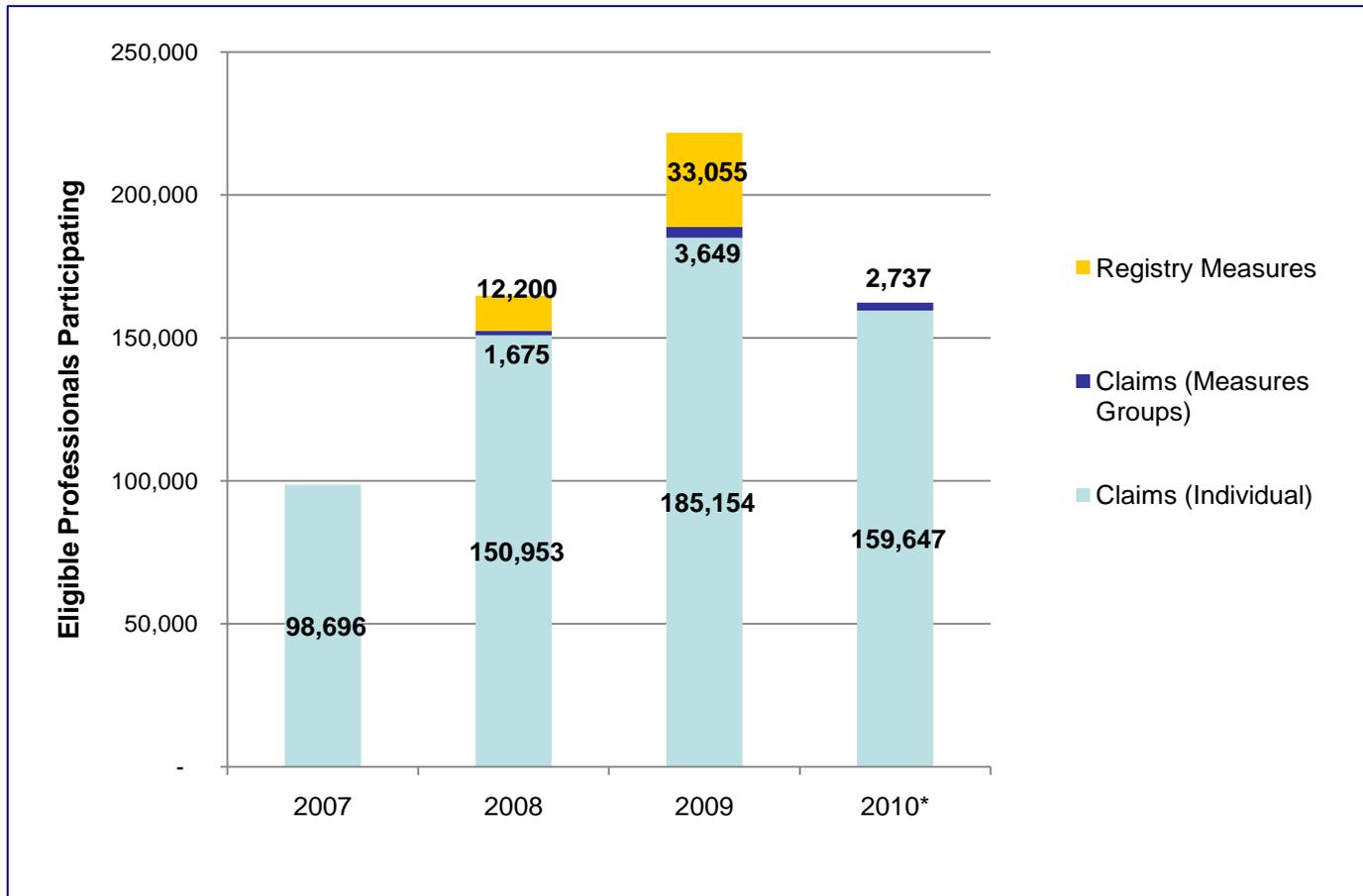
- ◆ Additional methods of reporting and data submission implemented
 - ◆ Number of professionals eligible to participate increased for all submission methods – topping 1 million in 2009
- ◆ Addition of 52 individual measures and 4 measures groups
- ◆ 69 registries submitted data for ~15% of participating professionals in 2009
 - ◆ Approximately 90% earned an incentive

Participation



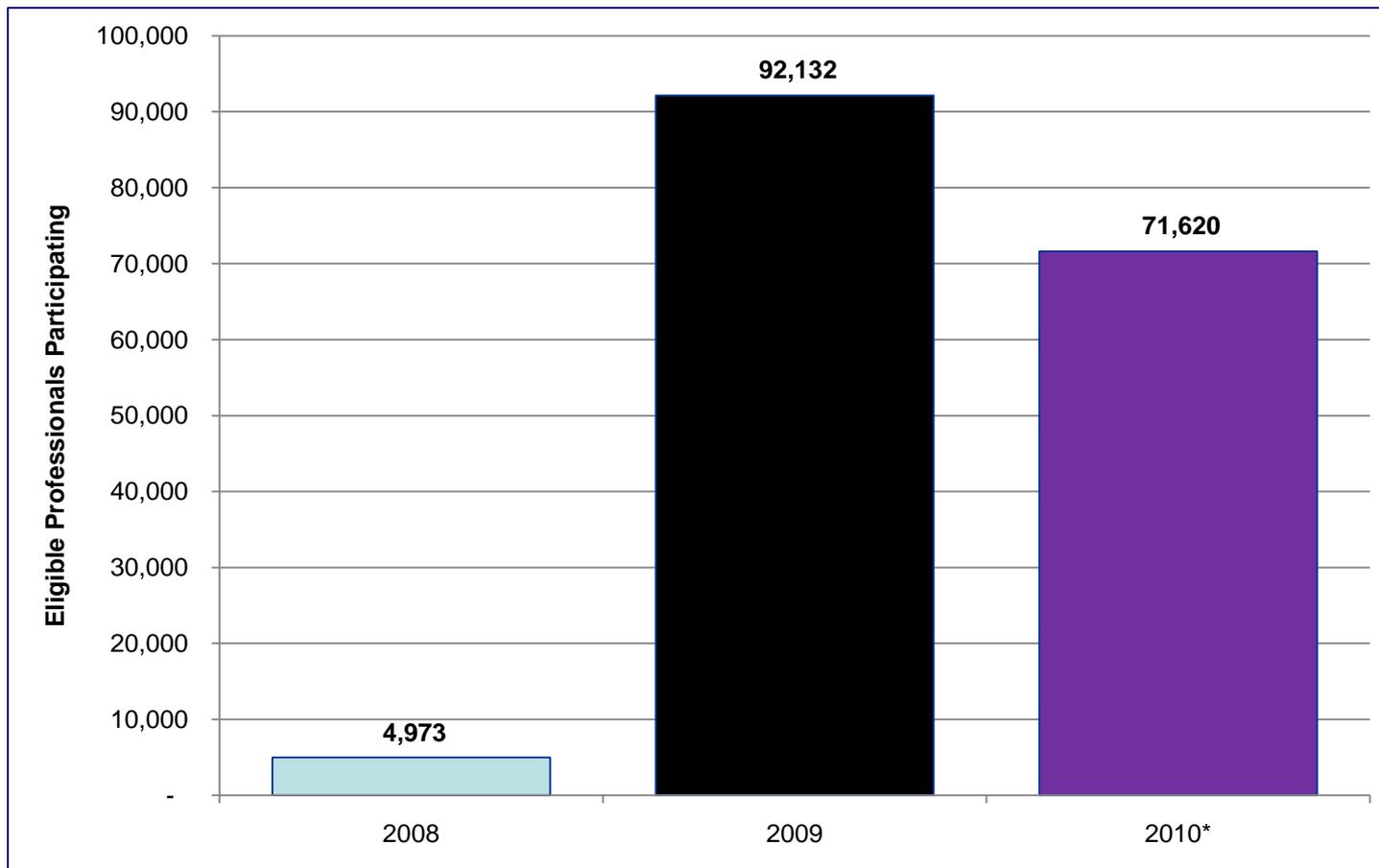
- ◆ Most common reporting method was claims-based submission of individual measures
- ◆ Most commonly reported measures groups were Preventive Care and Diabetes
- ◆ Some specialties participated more frequently in 2009 than others
 - ◆ Emergency medicine physicians and anesthesiologists had the largest number of participants in Physician Quality Reporting
 - ◆ Internists and family practitioners were the most frequent participants using claims-based measures groups and registry submission methods
 - ◆ Internists and family practitioners were also the most common eRx Incentive program participants, although cardiologists and ophthalmologists had the highest participation rates

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



*2010 data shown here includes only claims processed through June 25, 2010.

Number of Eligible Professionals Participating, by eRx Incentive Program Year



*2010 data shown here includes only claims processed through June 25, 2010. Data does not include registry participation counts.

In 2008, eRx was a measure under the Physician Quality Reporting System.

Satisfactory Reporting and Challenges to Reporting



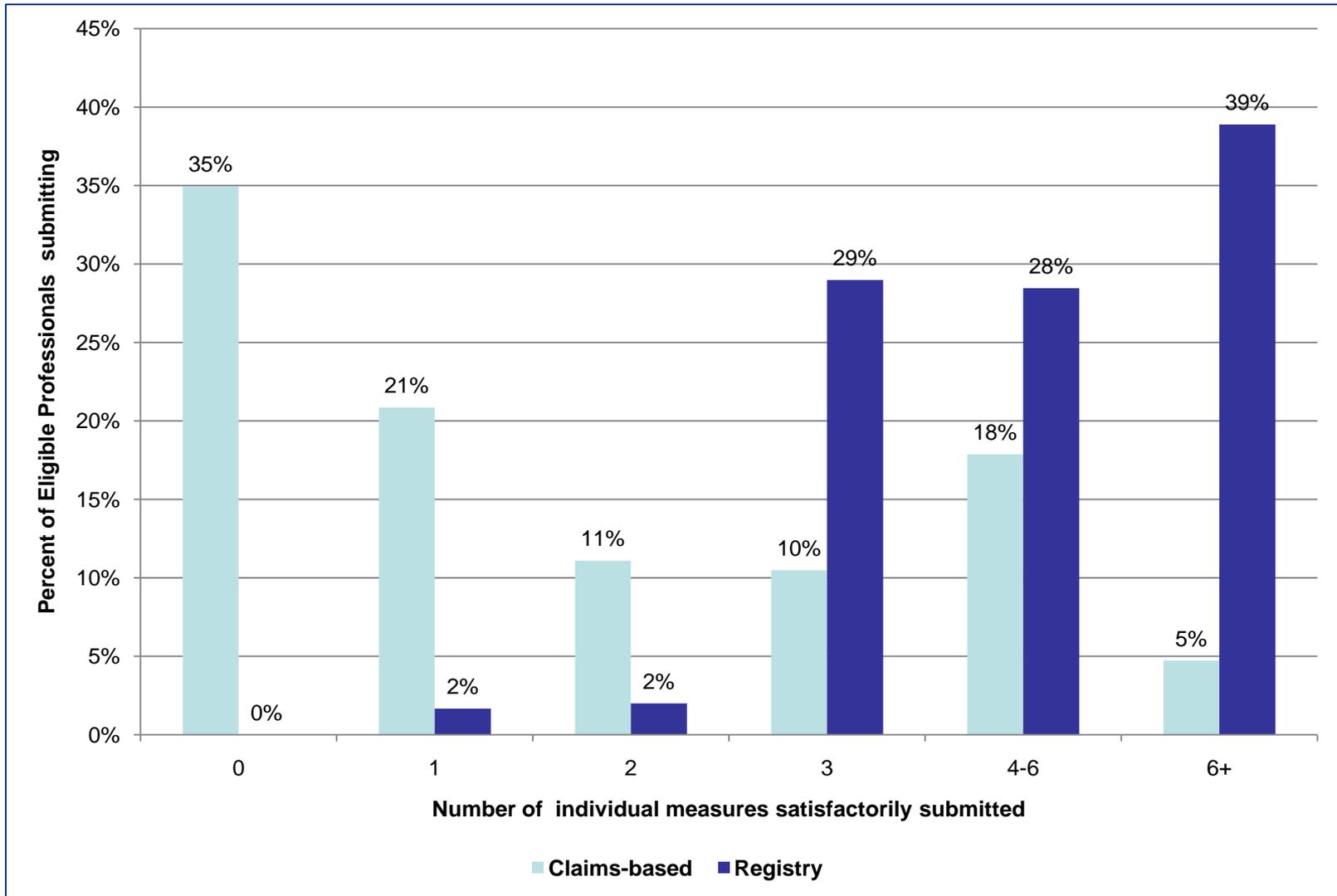
- ◆ Very few quality-data code (QDC) errors in the eRx Incentive Program
- ◆ 57% of 2009 eRx Incentive Program participants were successful submitters, submitting on the required 50% of eligible cases
- ◆ 85% of eligible professionals who participated in Physician Quality Reporting via claims submitted 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

Satisfactory Reporting and Challenges to Reporting (cont.)



- ◆ 65% of eligible professionals participating in Physician Quality Reporting satisfactorily reported at least one measure under the claims-based individual measures method, compared with 100% of registry participants
 - ◆ Registry participants submitted more measures than those using the claims-based individual method
 - ◆ Registry participants were required to submit at least three measures for 80% of their eligible cases to satisfactorily report via registry-based individual method

Number of Measures Satisfactorily Submitted Under the Physician Quality Reporting System



2009 Measures with 90%+ Achieving 90%+ Performance Rate (Claims Individual Measures)



Topic Measure	Percent of TIN/NPIs with $\geq 90\%$ Performance ^a
#180 Rheumatoid Arthritis (RA): Glucocorticoid Management	98.34%
#146 Radiology: Inappropriate Use of "Probably Benign" Assessment Category in Mammography Screening*	98.16%
#139 Cataracts: Comprehensive Preoperative Assessment for Cataract Surgery with Intraocular Lens (IOL) Placement	96.97%
#43 Use of IMA in CABG Surgery	96.79%
#45 Perioperative Care: Discontinuation of Prophylactic Antibiotics (Cardiac Procedures)	96.17%
#18 Diabetic Retinopathy: Documentation of Presence or Absence of Macular Edema and Level of Severity of Retinopathy	95.84%
#131 Pain Assessment Prior to Initiation of Patient Therapy and Follow-Up	95.59%
#14 Age-Related Macular Degeneration: Dilated Macular Examination	93.58%
#20 Perioperative Care: Timing of Antibiotic Prophylaxis - Ordering Physician	93.43%
#100 Colorectal Cancer Patients with a pT and pN Category and Histologic Grade	93.00%
#156 Oncology: Radiation Dose Limits to Normal Tissues	92.80%
#137 Melanoma: Continuity of Care - Recall System	92.14%
#58 Assessment of Mental Status for Community-Acquired Bacterial Pneumonia	91.51%
#136 Melanoma: Follow-Up Aspects of Care	91.29%
#122 Chronic Kidney Disease (CKD): Blood Pressure Management	91.00%
#141 Primary Open-Angle Glaucoma (POAG): Reduction of Intraocular Pressure (IOP) by 15% OR Documentation of a Plan of Care	90.89%
#12 Primary Open-Angle Glaucoma (POAG): Optic Nerve Evaluation	90.53%
#23 Perioperative Care: Venous Thromboembolism (VTE) Prophylaxis	90.40%
#49 Characterization of UI in Women Aged 65 Years and Older	90.35%
#22 Perioperative Care: Discontinuation of Prophylactic Antibiotics (Non-Cardiac Procedures)	90.31%

Note: This table includes measure performance among eligible professionals submitting valid measures, regardless of whether they met the 80% satisfactory reporting requirements. Measure 124, Adoption/Use of EHRs, as defined, yields an overall performance rate of 100% and is therefore not reported in this table.

Trends in Clinical Performance



- ◆ Physician Quality Reporting also captures clinical performance outcomes
 - ◆ Of 55 common measures from 2007-2009, clinical performance rates improved an average of 3.1%
 - ◆ 1.3 percentage point median increase for all measures, as 58% of measures showed improvement during this period
 - ◆ A subset of measures reported across 2007-2009 program years showed substantial % improvement in clinical outcomes

Improvement in Clinical Outcomes



Measure	2007 Performance Rate (%)	2009 Performance Rate (%)	Percentage Point Improvement 2007-2009
#19 Diabetic Retinopathy: Communication with the Physician Managing Ongoing Diabetes Care	52	93	41
#22 Perioperative Care: Discontinuation of Prophylactic Antibiotics (Non-Cardiac Procedures)	54	95	40
#35 Stroke and Stroke Rehabilitation: Screening for Dysphagia	43	77	33
#45 Perioperative Care: Discontinuation of Prophylactic Antibiotics	68	100	32
#8 Heart Failure: Beta-blocker Therapy for LVSD	64	95	31

* Reported by at least 500 eligible professionals in each year.

Trends in Clinical Performance

(cont.)



- ◆ Performance for several measures dropped by 25+ percentage points between 2007 and 2009:
 - ◆ #7: Beta-blocker Therapy for Coronary Artery Disease Patients with Prior Myocardial Infarction (MI)
 - ◇ Decreased by 30 percentage points; Changed to a registry-only measure in 2009
 - ◆ #49: Characterization of UI in Women Aged 65 Years and Older
 - ◇ Decreased by 28 percentage points; Experienced large increases in number of eligible professionals reporting this measure
 - ◆ #51: Spirometry Evaluation
 - ◇ Decreased by 27 percentage points; Experienced large increases in number of eligible professionals reporting this measure

Trends in Clinical Performance

(cont.)



- ◆ Among broader set of 2008 and 2009 measures reported (99), the average measure showed 10.6% performance rate improvement, with median increase of 0.6 percentage points
 - ◆ 55% of all measures showed improved performance

Incentive Eligibility



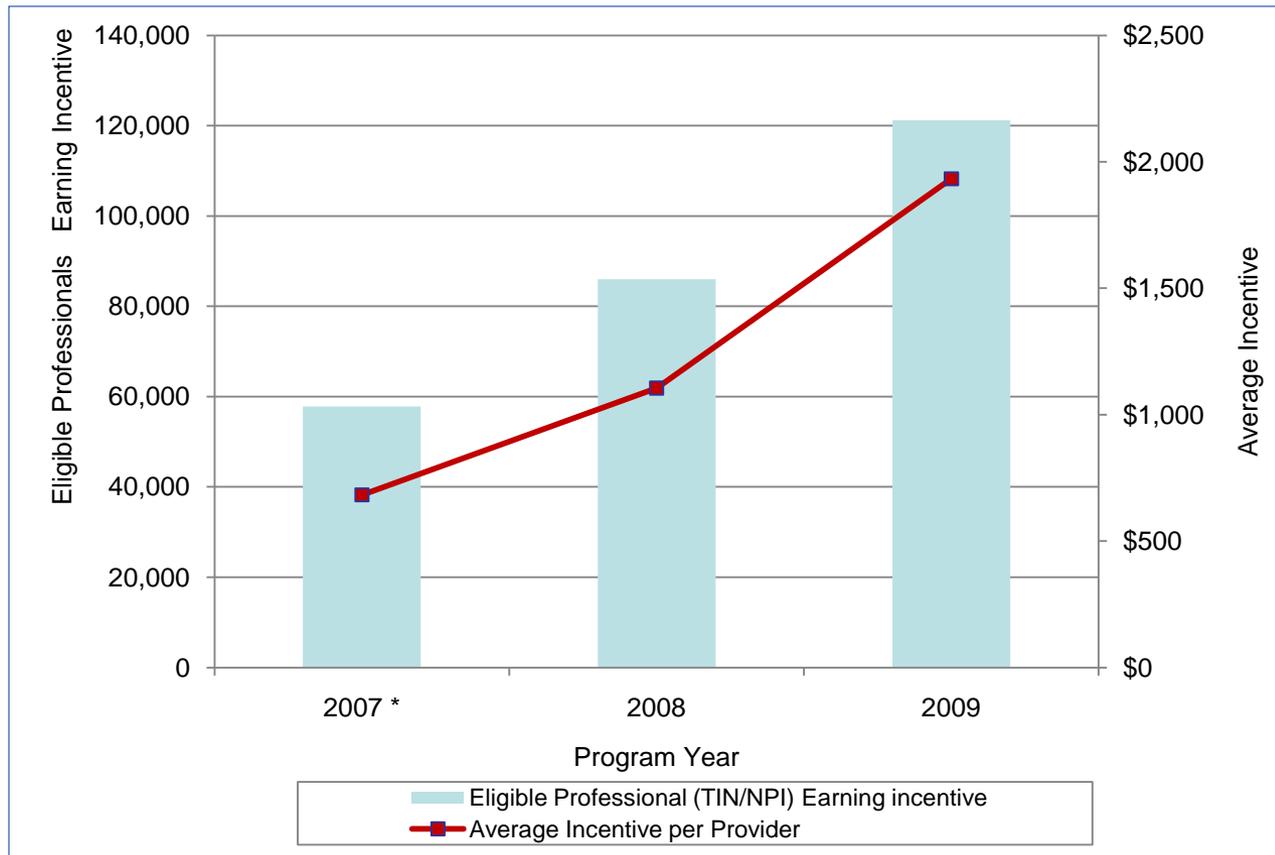
- ◆ Overall incentive eligibility rate for Physician Quality Reporting remained stable and was 57% of all eligible professionals in 2009
- ◆ Among the 50,924 successful submitters (those submitting at least 50% of eligible instances) under eRx Incentive Program, 95% also met incentive eligibility (charges 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 within the Taxpayer Identification Number (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

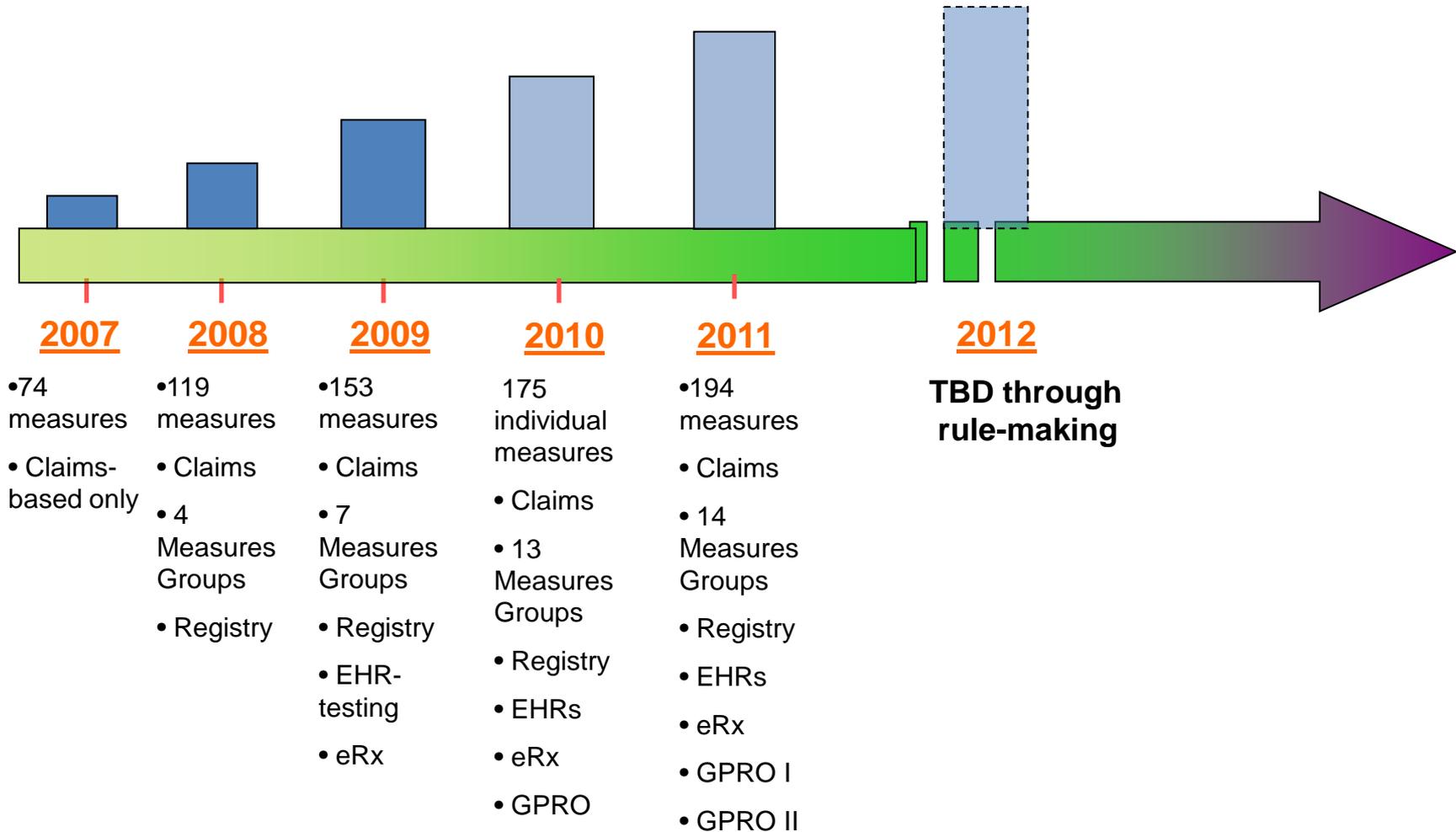


* 2007 counts were based on National Provider Identifier Numbers (NPI) whereas subsequent years were based on TIN and NPI combinations

Daniel Green, M.D.

MEASURES VS. MEASURES GROUPS – A CLEAR UNDERSTANDING

Physician Quality Reporting Program Development



Measure Reporting Overview



There are **4** important details to consider for satisfactorily reporting program measures:

1. Reporting Methods

Claims, Registry, EHR, GPRO I, or GPRO II

2. Reporting Options

Individual Measures vs. Measures Groups

3. Reporting Time Periods

6- or 12-month reporting

4. Satisfactorily Reporting Criteria

Minimum reportable Medicare Part B FFS patients

Measure Reporting Methods



- ◆ Claims
- ◆ Registry
- ◆ EHR (Electronic Health Record)
- ◆ GPRO I (for large practices with 200 or more eligible professionals)
- ◆ GPRO II (for practices with 2-199 eligible professionals)

Specifications Manuals are located on the program website: <http://www.cms.gov/PQRS>

2011 Reporting Options



Individual Measures provide an indication of performance related to a specific process or outcome. There are **194** individual measures.

Measures Groups are groups of 4 or more measures related to a common or clinically similar condition. There are **14** measures groups.

Learn more about individual measures and measures groups at <http://www.cms.gov/PQRS> in the “*How to Get Started*” section.

2011 Measures Groups



1. Diabetes Mellitus
2. Chronic Kidney Disease
3. Preventive Care
4. Rheumatoid Arthritis
5. Perioperative Care
6. Back Pain**
7. Hepatitis C
8. Ischemic Vascular Disease
9. Community-Acquired Pneumonia
10. Asthma
11. Coronary Artery Bypass Graft*
12. Heart Failure*
13. Coronary Artery Disease*
14. HIV/AIDS*

*Registry Only

**Reportable only as measures group, not as individual measures

Reporting Periods



The Physician Quality Reporting System has 2 reporting periods for applicable reporting methods:

- ***12-month reporting*** (Claims, Registry, & EHR)
January 1 through December 31
- ***6-month reporting*** (Claims & Registry)
July 1 through December 31

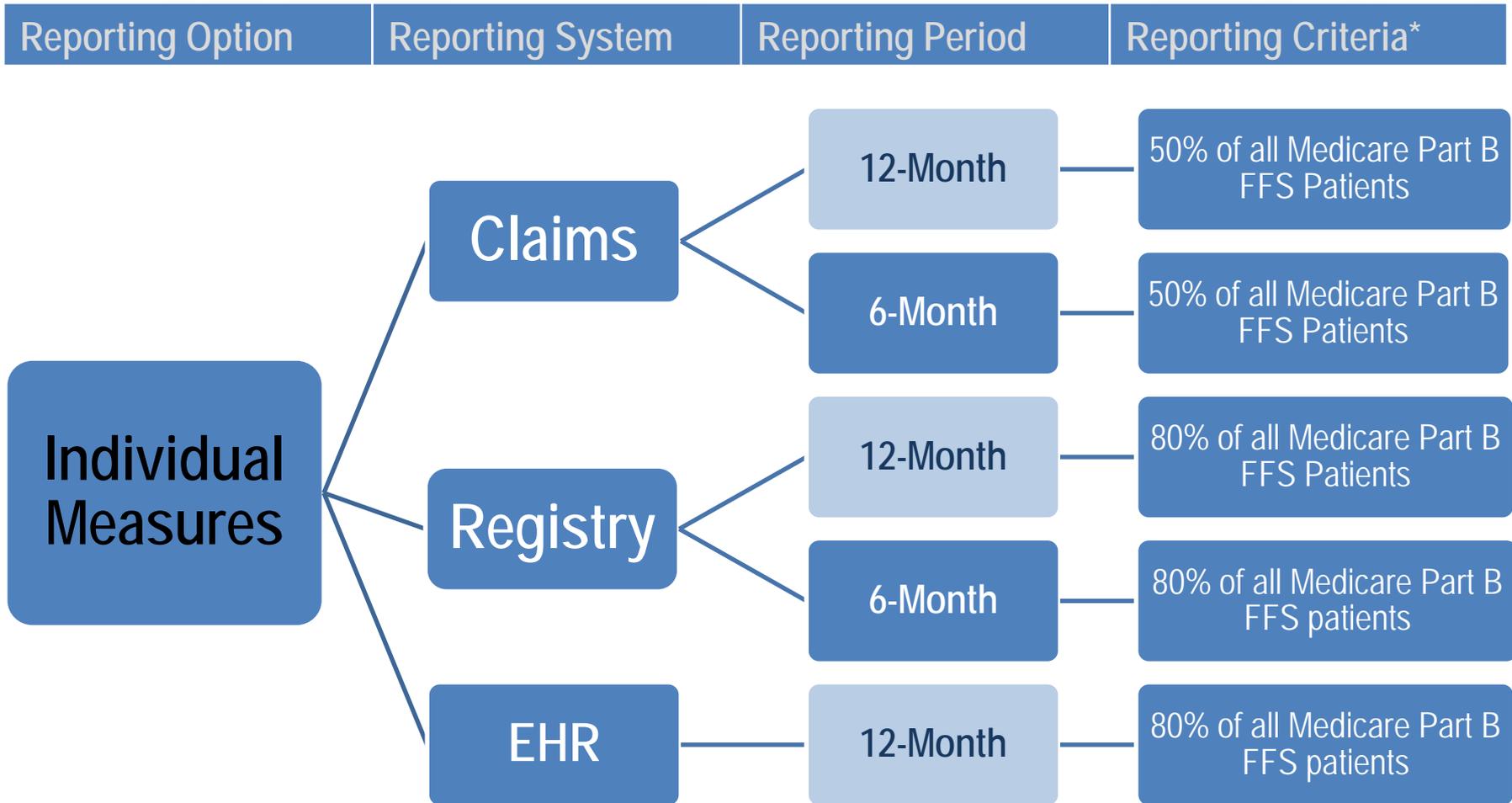
Satisfactorily Reporting Criteria



Satisfactorily Reporting Criteria provides:

- ◆ The minimum number and/or percentage of Medicare Part B FFS required submissions to satisfactorily report either individual measures or measures groups
- ◆ Other verification or submission criteria applicable to measure reporting options

Individual Measures Reporting



* Report a minimum of 3 measures. Eligible professional reporting on <3 measures via claims may be subject to the Measure-Applicability Validation (MAV) process.

Measure-Applicability Verification (MAV)

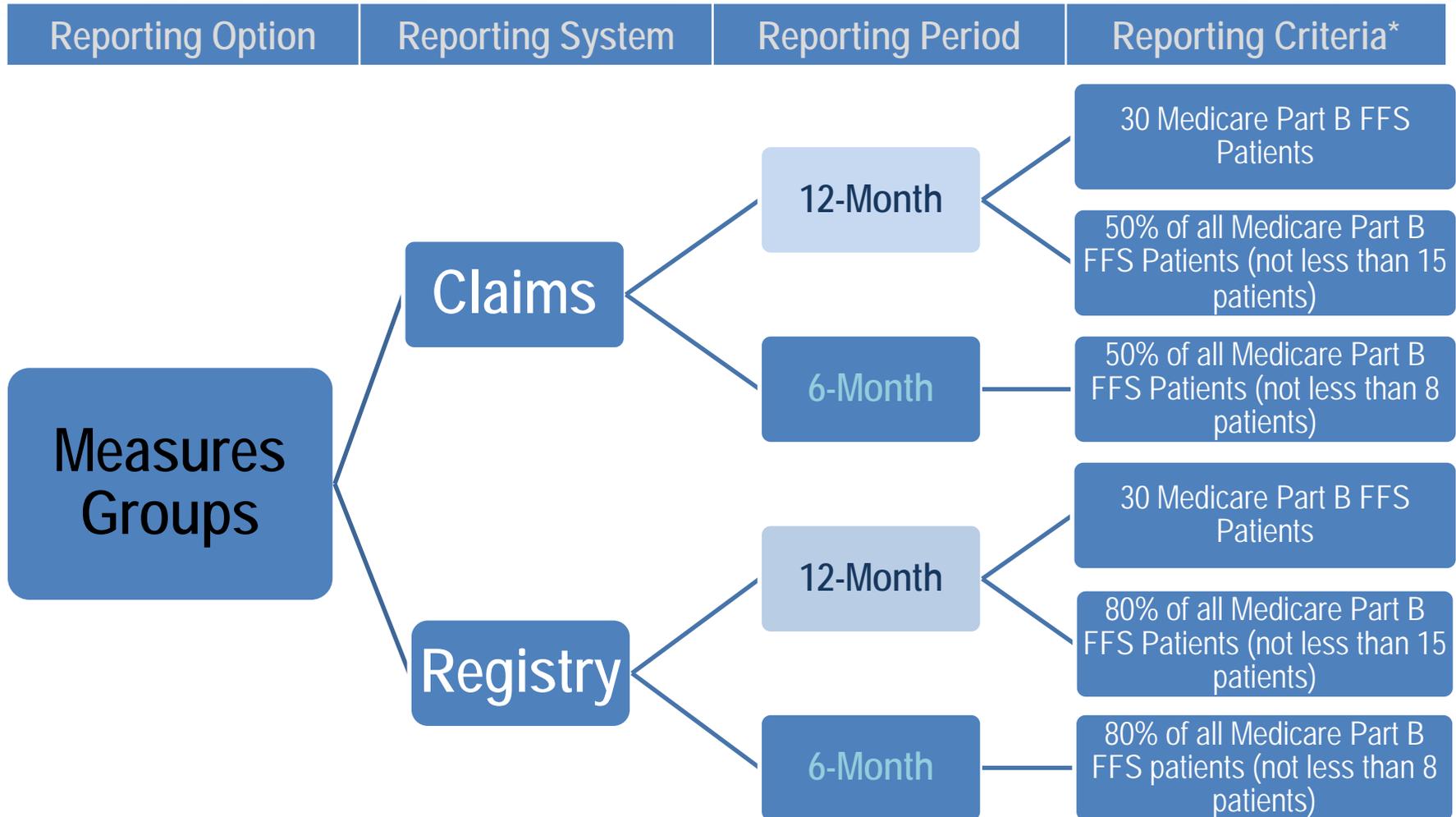


The MAV is a 2-step review process for eligible professionals who do not report on at least 3 individual claims-based measures consisting of:

1. Clinical Relation Test
2. Minimum Threshold

To successfully pass the MAV and assist in earning program incentives, read more about the validation process at <http://www.cms.gov/PQRS>

Measures Groups Reporting



*Report a minimum of 1 measures group.
Measures Groups with 0% performance will not be counted.

Measures Groups Reporting

(cont.)



- ◆ An “intent” G-code must be submitted to initiate intent to report measures groups via claims
- ◆ When reporting quality actions for measures groups, QDCs may be reported on each individual measure within the group, or one “composite” G-code indicating all quality actions for all the measures in the group were performed at an encounter
 - ◆ Example: G8499 indicates all quality actions for measures in the RA measures group were performed for the patient

Available Resources



Visit the CMS Physician Quality Reporting System website for additional information on program implementation and reporting resources at <http://www.cms.gov/PQRS>

Reminder: Be sure to use the measure specifications for the correct program year and applicable method of reporting!!!

Available Resources (cont.)



Visit the ***How to Get Started*** section of the CMS website at <http://www.cms.gov/PQRS>. Other available program resources include:

Resource	Web page
<i>2011 Measures List</i>	Measures Codes
<i>Measure Specifications Manual for Claims and Registry Reporting of Individual Measures</i>	Measures Codes
<i>Measures Groups Specifications</i>	Measures Codes
<i>EHR Specifications</i>	Alternative Reporting Mechanisms
<i>GPRO I Specifications</i>	Group Practice Reporting Option
<i>2011 Implementation Guide</i>	Measures Codes
<i>Getting Started with 2011 Physician Quality Reporting of Measures Groups</i>	Measures Codes
<i>What's New for 2011</i>	Spotlight

Program Educational Resources



Resource	Web page
Frequently Asked Questions	Overview
Supplemental Educational Materials	Educational Resources
National Provider Calls & Materials	CMS Sponsored Calls

Kimberly Schwartz, RN, BSN, CPC-A

UNDERSTANDING MEASURE NUMERATORS AND DENOMINATORS

Physician Quality Reporting Background



- ◆ Physician Quality Reporting is a voluntary reporting program that began in 2007 & was originally called PQRI
- ◆ Eligible professionals or group practices who satisfactorily report data on quality measures for covered Physician Fee Schedule (PFS) services furnished to Medicare Part B beneficiaries will qualify to earn an incentive payment

The incentive is a percentage of the eligible professional's or group's estimated total Medicare Part B PFS allowed charges.

Eligible Professionals



A complete list of all eligible professionals able to participate in Physician Quality Reporting System may be accessed on the **Overview** page in the **Downloads** section at <http://www.cms.gov/PQRS> which includes, but is not limited to:

Medicare Physicians

Practitioners

Therapists



Measure Specifications Format



The *Physician Quality Reporting Measure Specifications Manual* may be accessed on the **Measures Codes** page in the **Downloads** section at <http://www.cms.gov/PQRS>. All specifications include the following components:

- ◆ Measure title and symbol for developer
- ◆ Available reporting options (claims & registry)
- ◆ Measure description

Accessing the Specifications Manual



A screenshot of a Windows Internet Explorer browser window displaying the CMS website. The address bar shows the URL: http://www.cms.gov/PQRS/15_MeasuresCodes.asp#TopOfPage. The browser's menu bar includes File, Edit, View, Favorites, Tools, and Help. The website's navigation bar contains links for Home, Medicare, Medicaid, CHIP, About CMS, Regulations & Guidance, Research, Statistics, Data & Systems, Outreach & Education, and Tools. Below this is a secondary navigation bar with links for People with Medicare & Medicaid, Questions, Careers, Newsroom, Contact CMS, Acronyms, Help, Email, and Print. The main content area is titled "Measures Codes Physician Quality Reporting Initiative" and is divided into two columns. The left column, titled "Physician Quality Reporting Initiative", contains a list of links: Overview, Spotlight, How To Get Started, CMS Sponsored Calls, Statute/Regulations/Program Instructions, ICD-10 Section, Measures Codes (highlighted), Alternative Reporting Mechanisms, Group Practice Reporting Option, Maintenance of Certification Program Incentive, Analysis and Payment, Educational Resources, Help Desk Support, 2007 PQRI Program, 2008 PQRI Program, 2009 PQRI Program, and 2010 Physician Quality Reporting System. The right column, titled "Measures Codes", contains the following text: "This page contains information about Physician Quality Reporting System quality measures, including detailed specifications and related release notes for the individual Physician Quality Reporting System quality measures and measures groups and other measures-related documentation needed by individual eligible professionals for reporting the Physician Quality Reporting System measures through claims or registry-based reporting." A note follows: "Note: The Physician Quality Reporting System measure documents for the current program year may be different from the Physician Quality Reporting System measure documents for a prior year. Eligible professionals are responsible for ensuring that they are using the Physician Quality Reporting System measure documents for the correct program year." The section "2011 Physician Quality Reporting System Individual Quality Measures" states that documents are available in the "Downloads" section and lists two items: "2011 Physician Quality Reporting System Measures Specifications Manual for Claims and Registry Reporting of Individual Measures and Release Notes" and "2011 Physician Quality Reporting System Implementation Guide". The section "2011 Physician Quality Reporting System Measure Documents" lists two items: "2011 Physician Quality Reporting Measures List" and "2011 Physician Quality Reporting Quality Data Code Categories". The Windows taskbar at the bottom shows the Start button, a search bar, and several open applications. The system tray includes the network status (Internet), volume (98%), and clock (4:46 PM).

Accessing the Specifications Manual (cont.)



Measures Codes Physician Quality Reporting Initiative - Windows Internet Explorer

http://www.cms.gov/PQRS/15_MeasuresCodes.asp#TopOfPage

File Edit View Favorites Tools Help

Measures Codes Physician Quality Reporting Initiative

• **Getting Started with 2011 Physician Quality Reporting or Measures Groups.** A guide to implementing the 2011 Physician Quality Reporting System measures groups.

2011 Physician Quality Reporting System EHR Measure Specifications

The measure specifications and other related documents for the submission of twenty (20) Physician Quality Reporting System measures through a qualified an Electronic Health Record (EHR) system for the 2011 Physician Quality Reporting System are available on the "**Alternative Reporting Mechanisms**" link at left.

NOTE: 2010 Physician Quality Reporting System

All 2010 download documents have been moved to the new "**2010 Physician Quality Reporting System**" section page at left.

Downloads

- [2012 Physician Quality Reporting System Call for Measures Notice \[PDF 66KB\]](#)
- [2011 Physician Quality Reporting Measures List \[PDF 395KB\]](#)
- [2011 Physician Quality Reporting Measure Specifications Manual \[PDF 3MB\]](#)
- [2011 Physician Quality Reporting Measure Specifications Manual Release Notes \[PDF 147KB\]](#)
- [2011 Physician Quality Reporting Quality Data Code Categories \[PDF 93KB\]](#)
- [2011 Physician Quality Reporting Single Source Code Master \[ZIP 337KB\]](#)
- [2011 Physician Quality Reporting Measures Groups Specifications Manual \[PDF 869KB\]](#)
- [2011 Physician Quality Reporting Measures Groups Specifications Release Notes \[PDF 93KB\]](#)
- [2011 Physician Quality Reporting System Implementation Guide \[ZIP 1MB\]](#)
- [Getting Started with 2011 Physician Quality Reporting of Measures Groups \[PDF 927KB\]](#)

Related Links Inside CMS

[PQRI FAOS](#)

Related Links Outside CMS

There are no Related Links Outside CMS

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Measure Specifications Format (cont.)



- ◆ Reporting instructions for frequency, timeframes, & applicability
- ◆ **Denominator** statement & coding
- ◆ **Numerator** statement & coding options
- ◆ Definition(s) of terms where applicable
- ◆ Rationale statement for measure
- ◆ Clinical recommendations or evidence forming the basis for supporting criteria for the measure

Measure Components



Measure Specifications provide definitions and specific instructions for reporting a measure & consist of 2 major measure components:

1. A **denominator** describes the eligible cases for a measure (the eligible patient population associated with a measure's numerator) and are reported in **encounter codes**
2. A **numerator** describes the **clinical action codes** required by the measure for reporting as defined by quality-data codes (QDCs)

Each measure component is defined by specific codes described in each measure specification along with reporting instructions.

Measure Specification Reporting Elements



NUMERATOR

(QDC measure-specific *clinical action codes*)

DENOMINATOR

(eligible measure-specific *encounter codes*)

Using a Measure Specification Example



Measure #226:

Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention

Description: Percentage of patients aged 18 years and older who were screened for tobacco use one or more times within 24 months **AND** who received cessation counseling intervention if identified as a tobacco user

http://www.cms.gov/PQRS/15_MeasuresCodes.asp

Using a Measure Specification Example (cont.)



Who can report on this measure?

1. Eligible professionals (as defined by CMS)
2. Eligible professionals who bill under PFS and provide services as described by the following **denominator** codes:

90801, 90802, 90804, 90805, 90806, 90807, 90808, 90809, 90810, 90811, 90812, 90813, 90815, 90845, 90862, 92002, 92004, 92012, 92014, 96150, 96151, 96152, 97003, 97004, 99201, 99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215

Specification Construct for Measure #226



NUMERATOR

CPT II 4004F

CPT II 1036F

CPT II 4004F *with IP*

CPT II 4004F *with 8P*

(*clinical actions* required for performance)

DENOMINATOR

90801, 90802, 90804, 90805, 90806, 90807, 90808, 90809,
90810, 90811, 90812, 90813, 90815, 90845, 90862, 92002,
92004, 92012, 92014, 96150, 96151, 96152, 97003, 97004,
99201, 99202, 99203, 99204, 99205, 99212, 99213, 99214,
99215

(Describes eligible cases with *encounter codes* for which a *clinical action* was performed: the eligible patient population as defined by denominator specification)

Measure Coding Decision Algorithm: Measure #226



Is there documentation of a tobacco use screening AND cessation counseling, if patient is identified as a tobacco user?

If YES, select **CPT II 4004F**

If NO is answered to either tobacco screening or cessation counseling above, select one of the following codes:

CPT II 1036F = Current tobacco non-user

CPT II 4004F with IP = Documentation of medical reason(s) for not screening for tobacco use (e.g., limited life expectancy)

CPT II 4004F with 8P = Tobacco Screening not performed, reason not otherwise specified

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

◆ Also see:

- ◆ Physician Quality Reporting website <http://www.cms.gov/PQRS> or
- ◆ eRx Incentive Program website <http://www.cms.gov/ERxIncentive>

CMS Staff

QUESTIONS & ANSWERS