



# User Guide

## 2007 Physician Quality Reporting Initiative (PQRI)

### Feedback Reports

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# User Guide

## 2007 Physician Quality Reporting Initiative (PQRI) Feedback Reports

### Purpose

CMS is providing online access to 2007 Physician Quality Reporting Initiative (PQRI) feedback reports beginning at the time the lump-sum incentive payments are made in July 2008. Reports reflect data from Part B claims received for the 2007 PQRI health care delivery period (reporting period) which have been processed into National Claims History (NCH) by February 29, 2008. This User Guide is designed to help eligible professionals (EPs) and their authorized users access and interpret the 2007 PQRI feedback reports.

### 2007 PQRI Program Overview

The 2006 Tax Relief and Health Care Act (TRHCA) authorized a physician quality reporting system, including an incentive payment at the Taxpayer Identification Number (TIN/Tax ID) level for EPs who satisfactorily reported data on quality measures for covered Medicare Physician Fee Schedule (PFS) Part B professional services furnished to Medicare Fee-for-Service beneficiaries during the second half of 2007. CMS named this program the Physician Quality Reporting Initiative (PQRI). For 2007, EPs who met statutory criteria for satisfactory submission of quality data on claims for covered professional services furnished during the reporting period (July 1-December 31, 2007) were eligible to earn a lump-sum incentive payment equivalent to 1.5% of their total allowable charges, subject to a cap based on volume of reporting. TRHCA required EPs to report up to three applicable measures in at least 80% of the cases in which the measure was reportable. The [2007 PQRI](#) is a *pay-for-reporting program* which included claims-based reporting of data on [74 quality measures](#). For more information on the 2007 PQRI, please visit the PQRI section of the CMS website at [www.cms.hhs.gov/PQRI](http://www.cms.hhs.gov/PQRI).

2007 PQRI feedback reports are available through a process separate from the incentive payment. The incentive payment, aggregated at the TIN level, will be issued either electronically or via check to the TIN by the Carrier or A/B Medicare Administrative Contractor (MAC) in July 2008. Each TIN will receive Remittance Advice (RA) from the Carrier/MAC. Payments to TINs billing through multiple Carriers/MACs may be split among several Carriers/MACs.

### Report Overview

2007 PQRI feedback reports are packaged at the TIN level, with individual-level reporting (National Provider Identifier or NPI level) and performance information for each EP who reported at least one valid 2007 PQRI quality-data code (QDC) on a claim submitted under that TIN for services furnished July 1-December 31, 2007. Reports will include information on reporting rates, clinical performance, and incentives earned by individual professionals, with summary information on reporting success and incentives earned at the practice (TIN) level. Reports include information on the measure-applicability validation (MAV) process and any impact it may have had on the EP's incentive eligibility.

**Note:** *This report may contain a partial or "masked" Social Security Number/Social Security Account Number (SSN/SSAN) as part of the TAX ID Number (TIN) field. Care should be taken in the handling and disposition of this report to protect the privacy of the individual practitioner this SSN is potentially associated with. Please ensure that these reports are handled appropriately and disposed of properly to avoid a potential Personally Identifiable Information (PII) exposure or Identity Theft risk.*

### System Requirements

Minimum hardware and software requirements to effectively access and view 2007 PQRI feedback reports are listed below.

## **Compatible Operating System**

- Any operating system, such as Microsoft® Windows XP Professional or Microsoft® Vista, should be compatible, as long as an Internet browser is available

## **Software**

- Microsoft® Internet Explorer 6.0 and above, Mozilla® Firefox 2.0 and above, or Apple® Safari 2.0 and above
- Adobe® Acrobat® Reader 5.0 and above

## **Internet Connection and Download Time**

- Reports will be accessible via any Internet connection. It is possible that some reports may be as large as 15MB. Downloading large report files may require additional time.

# Participant Feedback Report Content and Appearance

Three (3) tables are included in the 2007 PQRI feedback report. PQRI feedback reports will be generated for each TIN with one or more EPs who have reported a quality-data code (QDC). Table 1 is only accessible by the TIN. It is up to the TIN to distribute the information in Table 2 and, if applicable, Table 3, to the individual EP's NPI. The length of the feedback report will depend on the number of PQRI professionals eligible (NPIs) under the TIN. A total incentive payment amount will be calculated for all EPs' NPIs within the TIN as well as a breakdown of each individual's earned incentive.

For definition of terms related to 2007 PQRI feedback reports see **Appendix A**. Also refer to the footnotes within each table for additional content detail.

## Table 1: Earned Incentive Summary for Taxpayer Identification Number (Tax ID)

Each TIN will receive only one report.

- **Total Tax ID Earned Amount:** The total incentive amount earned by the Tax ID.
- **NPI Total Earned Incentive Amount:** The lesser of the 1.5% bonus calculation and the bonus cap calculation for each incentive-eligible professional's NPI within the Tax ID.

### Example 1.1

2007 PHYSICIAN QUALITY REPORTING INITIATIVE FEEDBACK REPORT						
Participation in PQRI is at the individual National Provider Identifier (NPI) level within a Taxpayer Identification Number (Tax ID or TIN). All Part B Medicare claims submitted with PQRI quality-data codes for services furnished from July 1, 2007 through December 31, 2007 were analyzed to determine whether the eligible professional earned a PQRI bonus incentive. The amounts earned for each NPI within this Tax ID are summarized below. More information regarding the PQRI program is available on the CMS website.						
<b>Table 1: Earned Incentive Summary for Taxpayer Identification Number (Tax ID)</b>						
Sorted by earned incentive and subsorted by NPI name.						
Tax ID Name: John Q. Public Clinic						
Tax ID Number: XXXXX6789						
<b>Distribution of Total Incentive Earned Among Carriers &amp;/or A/B MACs That Processed Payments</b>						
<b>Total Tax ID Earned Amount:</b>		<b>\$6,000.00</b>				
Carrier/MAC Identification #	Proportion of Incentive / Per Carrier/MAC	Tax ID Earned Incentive Amount				
12345	90.0%	\$5,400.00				
6789	10.0%	\$600.00				
NPI	NPI Name <sup>α</sup>	Yes/No	Rationale	Measures Eligible <sup>β</sup>	Measures Reported	Measures Satisfactorily Reported (≥80%)
100000001	Doe, John	Yes	Reported satisfactorily	2	2	1
100000004	Jones, Sue	Yes	Reported satisfactorily	3	1	1
100000003	Not Available	Yes	Reported satisfactorily	8	5	5
100000002	Smith, Peter	No <sup>α</sup>	Did not pass MAV	5	1	1
100000006	Not Available	No	Insufficient # measures reported at 80%	8	1	0
100000005	Not Available	No	Not participating	1	0	0
<b>Total:</b>						\$6,000.00
<sup>α</sup> The percentage of the total incentive amount earned by the NPIs within the Tax ID, split across carriers based on the proportionate split of the Tax ID's total allowed Medicare Physician Fee Schedule (MPFS) charges billed across the carriers. (100% of incentive will be distributed by a single carrier if a single carrier processed all July 1 – December 31, 2007, claims for the Tax ID). <sup>β</sup> An NPI reporting 3 measures on 80% or greater of reporting opportunities, or 1 OR 2 measures 80% or greater and not found by the Measure-Applicability Validation (MAV) process to have been eligible to submit additional applicable measures is eligible to receive a PQRI incentive. More information regarding the incentive calculations is available on the CMS website. *The number of measures eligible is based on claims for the measure denominator without regard to specialty. <sup>α</sup> Name identified by matching the identifier number in the CMS national Provider Enrollment, Chain, and Ownership System (PECOS) database. If the organization or professional's enrollment record or enrollment changes have not been processed to be established in the national PECOS database as well as at the local Carrier or A/B MAC systems at the time this report was produced, this is indicated by "Not Available". This does not affect the organization's or professional's enrollment status or eligibility for a 2007 PQRI incentive payment, only the system's ability to populate this field in the report. <sup>β</sup> NPIs within the TIN submitting only 1 OR 2 measures and submitting each at or above 80% are subject to Measure-Applicability Validation (MAV). NPIs within the TIN are ineligible for the incentive if they were eligible to report additional measure(s) but they did not report on the (se) measure(s). A detailed description of the MAV process is available on the CMS website. *Incentive amount was subject to cap. More information regarding the incentive calculations is available on the CMS website.						
Caution: This report may contain a partial or "masked" Social Security Number (SSN/SSAN) as part of the TAX ID Number (TIN) field. Care should be taken in the handling and disposition of this report to protect the privacy of the individual practitioner this SSN is potentially associated with. Please ensure that these reports are handled appropriately and disposed of properly to avoid a potential Personally Identifiable Information (PII) exposure or Identity Theft risk.						

Total incentive amount of all EPs calculated within the TIN.

In this example, the TIN will receive a check/payment from two Carriers/MACs.

EP did not submit QDCs on any eligible measures.

Total incentive amount earned by the individual EP within the billing Tax ID.

**Figure 1.1 Screenshot of Table 1: Earned Incentive Summary for Taxpayer Identification Number (Tax ID)**

## Table 2: NPI Reporting Detail

Each TIN will receive a report for each EP (identified by NPI) who submitted under that TIN any claims for Medicare Physician Fee Schedule (PFS) covered services to which one or more 2007 PQRI quality measures applied. This report provides details for each measure available for the EP to report for PQRI. It also reflects which measures were reported satisfactorily. The Reported Instances column will display as "0" (zero) if the EP had the opportunity to report the measure and did not.

- **Measures Eligible:** The total number of measures for which the EP's NPI within the Tax ID could have reported a valid QDC under the Tax ID, based on measures specifications.
- **Measures Reported:** The total number of measures for which the EP's NPI reported at least one valid QDC within the Tax ID.
- **Reporting Rate:** For each quality measure with eligible instances, the EPs reporting rate under this TIN is calculated by finding the quotient of the number of Reported Instances divided by the number of Opportunities to Report.

### Example 2.1

2007 PHYSICIAN QUALITY REPORTING INITIATIVE FEEDBACK REPORT							
<p>Participation in PQRI is at the individual National Provider Identifier (NPI) level within a Tax ID. All Part B Medicare claims submitted with PQRI quality data codes for services furnished from July 1, 2007 to December 31, 2007 were analyzed to determine whether the eligible professional earned a PQRI bonus incentive. The results below are the individual NPI's reporting calculations for each measure. There will be one NPI reporting detail report for each NPI who could have reported PQRI measures under this Tax ID. More information regarding the PQRI program is available on the CMS website, <a href="http://www.cms.hhs.gov/pqri">www.cms.hhs.gov/pqri</a>.</p>							
<p><b>Table 2: NPI Reporting Detail</b> Sorted by reporting rate and subsorted by opportunities to report</p>							
<p><b>Tax ID Name:</b> John Q. Public Clinic</p>							
NPI	NPI Name	Earned Incentive*		Measures Eligible	Measures Reported	Measures Satisfactorily Reported (≥80%)	NPI Total Earned Incentive Amount
		Yes/No	Rationale				
100000001	Doe, John	Yes	Reported satisfactorily	2	2	2	\$1,500.00
Reporting Information							
Measure Statement (Measure #)-	Opportunities to Report	Reported Instances	Reporting Rate±	Measure Validation Clinical Focus Area*			
Heart Failure: Beta-blocker Therapy for Left Ventricular Systolic Dysfunction (#8)	200	180	90.0%	N/A			
Screening for Future Fall Risk (#4)	500	400	80.0%	N/A			
<p>* An NPI reporting 3 measures on 80% or greater of reporting opportunities, or 1 OR 2 measures 80% or greater and not in the (MAV) process to have been eligible to submit additional applicable measures is eligible to receive a PQRI incentive. More information is available on the CMS website.</p> <p>± Reference number for each measure, according to the PQRI Coding for Quality Handbook. The PQRI Coding for Quality Handbook is available on the CMS website.</p> <p>* A satisfactorily-reported measure has a reporting rate of 80% or greater.</p> <p>Providers may find that they have opportunities to report measures in areas that are clinically-similar to measures they have chosen to report. The clinical focus area, according to the Handbook, is indicated. Please note that some measures may be generally applicable, and are not applicable to all providers. More information is available on the CMS website.</p>							
<p>Caution: This report may contain a partial or "masked" Social Security Number (SSN/SSAM) as part of the TAX ID Number (TIN) field. Care should be taken in the handling and disposition of this report to protect the privacy of the individual practitioner this SSN is potentially associated with. Please ensure that these reports are handled appropriately and disposed of properly to avoid a potential Personally Identifiable Information (PII) exposure or Identity Theft risk.</p>							

Two measures could have been reported.

Amount is the lesser of the 1.5% bonus calculation and the bonus cap calculation for each incentive-EP NPI within the Tax ID.

Reporting rate is the reported instances divided by opportunities to report.  
400 / 500 = 80.0%

There were 100 missed opportunities to report, resulting in an 80% reporting rate.

**Figure 2.1 Screenshot of Table 2: NPI Reporting Detail**  
All eligible NPIs within the TIN will have detailed reports generated for them.

## Table 2: NPI Reporting Detail

### Example 2.2

2007 PHYSICIAN QUALITY REPORTING INITIATIVE FEEDBACK REPORT							
Participation in PQRI is at the individual National Provider Identifier (NPI) level within a Tax ID. All Part B Medicare claims submitted with PQRI quality data codes for services furnished from July 1, 2007 to December 31, 2007 were analyzed to determine whether the eligible professional earned a PQRI bonus incentive. The results below are the individual NPI's reporting calculations for each measure. There will be one NPI reporting detail report for each NPI who could have reported PQRI measures under this Tax ID. More information regarding the PQRI program is available on the CMS website, <a href="http://www.cms.hhs.gov/pqri">www.cms.hhs.gov/pqri</a> .							
<b>Table 2: NPI Reporting Detail</b> <i>Sorted by reporting rate and subsorted by opportunities to report</i>							
Tax ID Name: John Q. Public Clinic							
NPI	NPI Name <sup>«</sup>	Earned Incentive <sup>•</sup>		Measures Eligible	Measures Reported	Measures Satisfactorily Reported (≥80%)	NPI Total Earned Incentive Amount
		Yes/No	Rationale				
100000006	Not Available	No	Insufficient # measures reported at 80%	8	1	0	N/A
Reporting Information							
Measure Statement (Measure #)	Opportunities to Report	Reported Instances	Reporting Rate <sup>±</sup>	Measure Validation Clinical Focus Area <sup>¶</sup>			
Beta-blocker Therapy for Coronary Artery Disease (CAD) Patients with Prior Myocardial Infarction (MI) (#7)	12	6	50.0%	N/A			
Screening for Future Fall Risk (#4)	1000	0	0.0%	N/A			
Hemoglobin A1c Poor Control in Type 1 or 2 Diabetes Mellitus (#1)	200	0	0.0%	N/A			
Low-Density Lipoprotein Control In Type 1 or 2 Diabetes Mellitus (#2)	200	0	0.0%	N/A			
High Blood Pressure Control in Type 1 or 2 Diabetes Mellitus (#3)	200	0	0.0%	N/A			
Heart Failure: Beta-blocker Therapy for Left Ventricular Systolic Dysfunction (#8)	12	0	0.0%	N/A			
Oral Antiplatelet Therapy Prescribed for Patients with Coronary Artery Disease (CAD) (#6)	5	0	0.0%	N/A			
Heart Failure: Angiotensin-Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker (ARB) Therapy for LVSD (#5)	2	0	0.0%	N/A			

Number of eligible instances the EP's NPI within the Tax ID could have reported the measure.

Eight measures could have been reported.

EP submitted QDC(s) for only one of eight measures reportable when at least three were required. In addition, the single measure was only reported at a 50% rate. (6 / 12 = 50%)

No incentive amount earned (no measures satisfactorily reported at ≥ 80%).

EP had the opportunity to report measure but did not – Displays as "0" (zero)

**Figure 2.2 Screenshot of Table 2: NPI Reporting Detail**  
All eligible NPIs within the TIN will have detailed reports generated for them.

## Table 3: NPI Performance Detail

Each TIN will receive an NPI performance detail report for each EP (identified by NPI) participating in the 2007 PQRI under the TIN. This report provides performance details for each PQRI measure reported with the EP's NPI. Note: This information is provided for informational and performance improvement purposes. Performance rates do not affect the incentive payment for 2007 PQRI.

- **Clinical Performance Rate:** For each measure, the EP's clinical performance rate reported under the TIN is calculated by finding the quotient of the Clinical Performance Met (Numerator) for the measure divided by the Performance Denominator for the measure. For "poor control" or "inappropriate care" measures, it is desirable to have a lower rate. For all other PQRI measures, it is desirable to have a higher rate. Performance exclusion modifiers and/or codes recognized by a given measure in the measure specification exclude that case (patient) from the performance denominator and are not included when calculating the performance rate.
- **Clinical Performance Not Met:**
  - **QDC Reported:** The number of QDC(s) reported to indicate that clinical performance was not met. This includes instances where an 8P modifier, G-code, or CPT II code was used as a performance failure for the measure.
  - **QDC Not Reported:** The number of instances where clinical performance is considered not met due to lack of a QDC being reported for the measure.
  - **Insufficient QDC Information:** The number of instances where clinical performance was not met due to insufficient QDC information from the EP's NPI/TIN combination.

### Example 3.1

2007 PHYSICIAN QUALITY REPORTING INITIATIVE FEEDBACK REPORT														
Participation in PQRI is at the individual National Provider Identifier (NPI) level within a Taxpayer Identification Number (Tax ID or TIN). All Part B Medicare claims submitted with PQRI quality-data codes for services furnished from July 1, 2007 through December 31, 2007 were analyzed to determine whether the eligible professional earned a PQRI bonus incentive. The results below are the individual NPI's performance calculations for each measure. There will be one NPI performance detail report for each PQRI participating NPI within this Tax ID. More information regarding the PQRI program is available on the CMS website, www.cms.hhs.gov/pqri.														
<b>Table 3: NPI Performance Detail</b> <i>Sorted by performance rate and subsorted by opportunities to report</i>														
Tax ID Name: John Q. Public Clinic NPI Name: Doe, John NPI Number: 100000001														
Measure Statement (Measure #)	Opportunities to Report	Eligible Instances Excluded				Clinical Performance Denominator	Clinical Performance Numerator	Clinical Performance Not Met			National Comparison for Performance <sup>g</sup>			
		Clinical (1P)	Patient (2P)	System (3P)	Other <sup>e</sup>			QDC Reported <sup>a</sup>	QDC Not Reported	Insufficient QDC Information	Clinical Performance Rate <sup>b</sup>	25th Percentile	50th Percentile	75th Percentile
Heart Failure: Beta-blocker Therapy for Left Ventricular Systolic Dysfunction (#6)	200	20	24	20	36	100	80	0	20	0	80.0%	66.2%	81.0%	84.3%
Screening for Future Fall Risk (#4)	500	3	5	10	7	47/5	17/5	200	100	0	36.8%	0.0%	34.2%	42.1%

There were 100 instances where the patient was eligible to receive the quality action. 80 patients received the quality action (numerator QDC was successfully reported), resulting in an 80% clinical performance rate.

<sup>a</sup>Reference number for each measure, according to the PQRI Coding for Quality Handbook. The PQRI Coding for Quality Handbook is available on the CMS website.  
<sup>b</sup>Includes instances where an 8P modifier, G-code, or CPT II code is used as a performance exclusion for the measure.  
<sup>c</sup>The performance denominator is determined by subtracting the number of eligible instances excluded from the total number of opportunities to report. Valid reasons for exclusions may apply, these are specific to each measure. The PQRI Coding for Quality Handbook containing measure specific information is available on the CMS website.  
<sup>d</sup>Includes instances where an 8P modifier, G-code, or CPT II code is used to indicate the quality action was not provided for a reason not otherwise specified.  
<sup>e</sup>The Clinical Performance Rate is calculated by dividing the Clinical Performance Numerator by the Performance Denominator.  
<sup>f</sup>The National Comparison for Performance includes performance information for all NPI/TIN combinations submitting at least one quality-data code for the measure. The 25th percentile indicates that 25% of the NPI/TIN combinations participating nationally are performing at or below this rate, the 50th percentile indicates that 50% of the NPI/TIN combinations participating nationally are performing at or below this rate, and the 75th percentile indicates that 75% of the NPI/TIN combinations participating nationally are performing at or below this rate.

Caution: This report may contain a partial or "masked" Social Security Number (SSN/SSAN) as part of the TAX ID Number (TIN) field. Care should be taken in the handling and disposition of this report to protect the privacy of the individual practitioner this SSN is potentially associated with. Please ensure that these reports are handled appropriately and disposed of properly to avoid a potential Personally Identifiable Information (PII) exposure or identity theft risk.

**Figure 3.1. Screenshot of Table 3: NPI Performance Detail**

*Only individuals (within the TIN) submitting valid QDCs will have detailed reports generated for them.*

**Note:** You will not receive a Table 3 if the NPI had no reported instances for any measure.

## Table 3: NPI Performance Detail

### Example 3.2

2007 PHYSICIAN QUALITY REPORTING INITIATIVE FEEDBACK REPORT														
Participation in PQRI is at the individual National Provider Identifier (NPI) level within a Taxpayer Identification Number (Tax ID or TIN). All NPIs that were furnished from July 1, 2007 through December 31, 2007 were analyzed to determine whether the eligible professional earned a PQRI for each measure. There will be one NPI performance detail report for each PQRI participating NPI within this Tax ID. More information regarding the PQRI program can be found at <a href="http://www.cms.gov/pqri">www.cms.gov/pqri</a> .														
Table 3: NPI Performance Detail														
Sorted by reporting rate and subsorted by opportunities to report														
Tax ID Name: John Q. Public Clinic														
NPI Name: Not Available														
NPI Number: 100000006														
Performance Information														
Measure Statement (Measure #)	Opportunities to Report	Eligible Instances Excluded				Clinical Performance Denominator	Clinical Performance Numerator	Clinical Performance Not Met			National Comparison for Performance*			
		Clinical (1P)	Patient (2P)	System (3P)	Other			QDC Reported*	QDC Not Reported	Insufficient QDC Information	Clinical Performance Rate*	25th Percentile	50th Percentile	75th Percentile
Beta-blocker Therapy for Coronary Artery Disease (CAD) Patients with Prior Myocardial Infarction (MI) (#7)	12	1	0	0	0	11	4	1	0	0	36.4%	0.0%	34.2%	42.1%
<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 5px; width: 30%;"> <p>Clinical Performance Numerator divided by Clinical Performance Denominator = Clinical Performance Rate 4 / 11 = 36.4%</p> </div> <div style="border: 1px solid black; padding: 5px; width: 30%;"> <p>Clinical Performance Denominator = opportunities to report less eligible exclusions 12 - 1 = 11</p> </div> <div style="border: 1px solid black; padding: 5px; width: 30%;"> <p>The quality action was not performed for the patient, or the QDC was not reported, so the clinical performance was not met.</p> </div> </div>														
<small>*Name identified by matching the identifier number in the CMS national Provider Enrollment, Chain and Ownership System (PECOS) database. If the organization or professional's enrollment record or enrollment changes have not been processed to be established in the national PECOS database as of the reporting period, this is indicated by "Not Available". This does not affect the organization's or professional's enrollment status or eligibility for a 2007 PQRI incentive payment, only the system's ability to track the provider's performance.                      *Reference number for each measure.                      *Includes instances where an 8-digit NPI was used.                      *The performance denominator is the total number of opportunities to report for the measure as defined in the PQRI Handbook containing measure-specific instructions.                      *Includes instances where an 8-digit NPI was used.                      *The Clinical Performance Rate is the ratio of the Clinical Performance Numerator to the Clinical Performance Denominator.                      *The National Comparison for Performance is the percentage of NPIs/TINs nationally performing at or below this rate. The 25th percentile indicates that 25% of the NPI/TIN combinations participating nationally are performing at or below this rate, and the 75th percentile indicates that 75% of the NPI/TIN combinations participating nationally are performing at or below this rate.</small>														
<small>Caution: This report may contain a partial or "masked" Social Security Number (SSN/SSAN) as part of the TAX ID Number (TIN) field. Care should be taken in the handling and disposition of this report to protect the privacy of the individual practitioner whose SSN is potentially associated with. Please ensure that these reports are handled appropriately and disposed of properly to avoid a potential Personally Identifiable Information (PII) exposure or identity theft risk.</small>														

**Figure 3.2. Screenshot of Table 3: NPI Performance Detail**

*Only individuals (within the TIN) submitting valid QDCs will have detailed reports generated for them.*

## Accessing Feedback Reports from the PQRI Portal

2007 PQRI feedback reports will be available through a PQRI Portal on a secured website, My QualityNet, as an Adobe® Acrobat® PDF in July 2008. This User Guide assumes that you already have an Individuals Authorized Access to the CMS Computer Services (IACS) account, which is required to log on to the PQRI Portal (see [http://www.cms.hhs.gov/MMAHelp/07\\_IACS.asp](http://www.cms.hhs.gov/MMAHelp/07_IACS.asp)). MLN articles with additional IACS information can be found on the CMS website at:

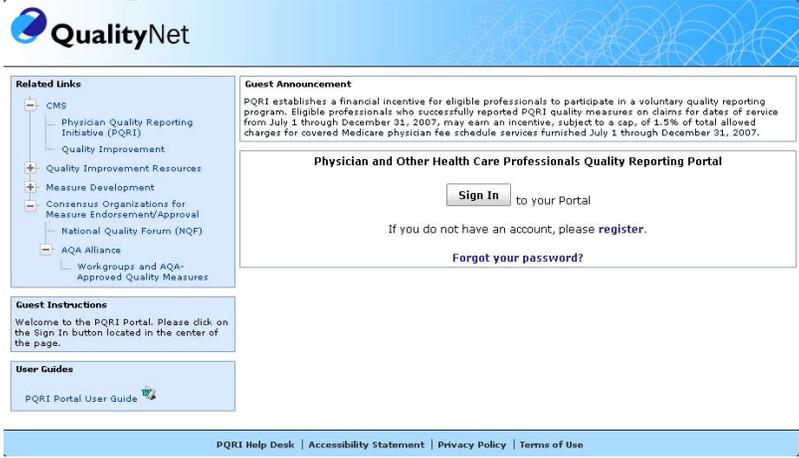
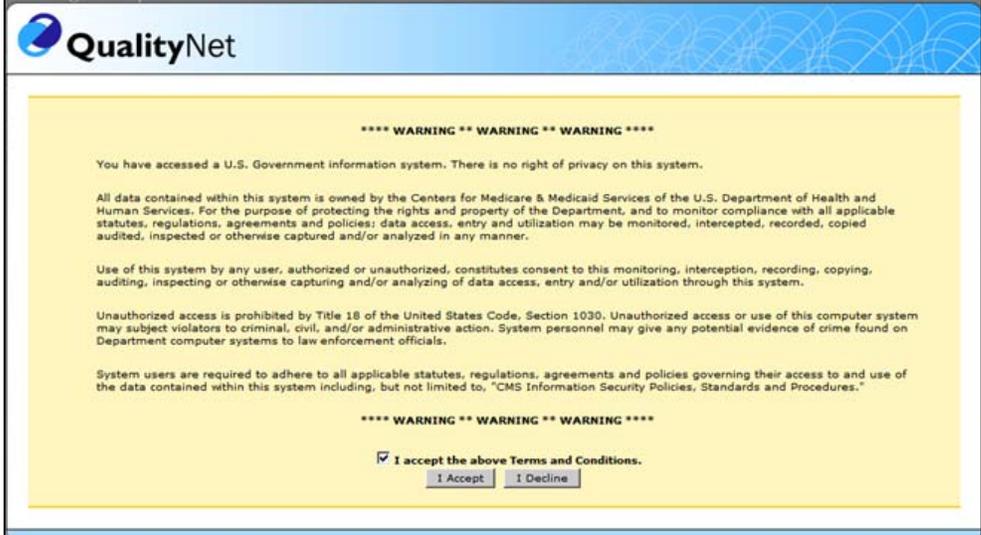
- <http://www.cms.hhs.gov/MLNMattersArticles/downloads/SE0747.pdf> – first article in this series provides an overview of the IACS-Provider Community (IACS-PC) registration process as well as registration instructions for Security Officials (SOs) and individual practitioners
- <http://www.cms.hhs.gov/MLNMattersArticles/downloads/SE0753.pdf> – second article addresses questions and gives remaining instructions for registering provider organizations including registering as a Backup Security Official (BSO), User Group Administrator (UGA), and End User (EU). It also discusses approving user requests.
- <http://www.cms.hhs.gov/MLNMattersArticles/downloads/SE0754.pdf> – third article discussing the final steps in accessing CMS enterprise applications has been released on this issue

If you have completed IACS vetting for a PQRI role and the TIN has a report, an e-mail will be sent to you alerting you to the report's availability. The PQRI Portal via QualityNet is the secured entry point to access the reports. Your report is safely stored online and accessible only to you (and those you specifically authorize) through the IACS web application.

Follow these four steps for logging on to the PQRI Portal. Note: For more in-depth instructions, see the PQRI Portal User Guide on the CMS PQRI website ([www.cms.hhs.gov/pqri](http://www.cms.hhs.gov/pqri)) under 2007 PQRI Educational Resources (also on the PQRI Portal in the User Guides portlet).

# Logging in to the PQRI Portal

- Step 1: Go to PQRI Portal via QualityNet**  
**Step 2: Login (using IACS Username and Password)**  
**Step 3: Accept Terms and Conditions**  
**Step 4: Authenticated PQRI User Community**

Step	Action	What You Will See
1	Go to the PQRI Portal at <a href="http://www.qualitynet.org/pqri">www.qualitynet.org/pqri</a> and click the Log In button.	
2	Enter <b>IACS Username</b> and <b>Password</b> to log in to the PQRI Portal. If you do not have an IACS account, click the Register link and follow the IACS registration steps.	
3	Warning screen appears. You will need to accept the <b>Terms and Conditions</b> to proceed.	

4	You will see this screen once you have logged in successfully.	<p style="text-align: center;"><b>Authenticated PQRI User Community</b></p> 
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## Key Facts About 2007 PQRI Incentive Eligibility and Amount Calculation

### Measure Applicability Validation (MAV) and Incentive Eligibility

As required by the Tax Relief and Health Care Act of 2006 (TRHCA), the 2007 PQRI included a validation process to ensure that each EP satisfactorily reported the minimum number of measures. EPs who satisfactorily submitted QDCs for fewer than three PQRI measures for at least 80 percent of their patients, eligible for each measure reported, are subject to MAV to determine whether they should have submitted QDCs for additional measure(s). For more information, refer to PQRI FAQs on the CMS PQRI website and the 2007 MAV document at [http://www.cms.hhs.gov/PQRI/Downloads/PQRI\\_Validation.pdf](http://www.cms.hhs.gov/PQRI/Downloads/PQRI_Validation.pdf).

### 2007 Lump-Sum Incentive Payment Payment Calculations

- The 1.5% incentive will be based on CMS' estimate of all allowed charges for covered services: (1) furnished during the 2007 reporting period, (2) submitted to the Carrier or A/B Medicare Administrative Contractor (MAC) by February 29, 2008, and (3) paid under the PFS. PQRI incentive payments will be aggregated at the TIN level.
- For the incentive payment calculation, an EP eligible for the incentive is defined as a unique EP's NPI within a TIN who meets the PQRI reporting requirements and who reports three or more measures on 80% or greater of the reporting opportunities. If only one or two measures are reported for 80% or more of opportunities – and the provider is not found by the MAV process to have been required to submit additional applicable measures – the EPI's NPI/TIN is eligible for an incentive payment.
- The analysis of satisfactory reporting will be performed at the individual NPI within each TIN to identify each professional's services and quality data.
  - Incentive payments earned by individual professionals will be issued to the TIN under which he or she earned an incentive, based on the Physician Fee Schedule (PFS) professional services claims submitted under the TIN, aggregating individual EPs' incentives to the TIN level.
  - For EPs who submit claims under multiple TINs, CMS plans to group claims by TIN for analysis and payment purposes. As a result, a professional who submits claims under multiple TINs may earn a PQRI incentive under one of the TINs and not the other(s), or may earn an incentive under each TIN. The PQRI financial incentive earned by any individual professional under a given TIN, based on the claims associated with that TIN, will be included in that TIN's aggregate PQRI incentive payment.
  - EPs who submit claims under multiple TINs may earn a PQRI incentive payment under one of the TINs and not the other(s), or may earn an incentive payment under each TIN.

### Cap

- Payment caps are calculated at the individual-professional level within the TIN by multiplying: (a) the individual professional's total instances of reporting quality data for all reported measures (not limited only to measures meeting the 80% threshold), by (b) 300%, and by (c) the CMS national average-per-measure payment amount. The national average-per-measure payment amount is one value for all measures and all participants.

## Distribution

- Incentive payments will be issued to the TIN by the Carrier/MAC in July of 2008, electronically or via check, based on how the TIN normally receives payment for Medicare Part B Fee-For-Service PFS professional services furnished to Medicare beneficiaries.
- If a TIN submits claims to multiple Medicare claims-processing contractors (Carriers or A/B MACs), each contractor may be responsible for a proportion of the TIN incentive payment equivalent to the proportion of Part B PFS claims the contractor processed for the 2007 PQRI reporting period. *(Note: if splitting an incentive across contractors would result in any contractor issuing a PQRI incentive payment less than \$20 to the TIN, the incentive will be issued by fewer contractors than may have processed PFS claims from the TIN for the reporting period).*

## Frequent Concerns

- If your lump-sum incentive payment doesn't arrive, contact your Carrier/MAC.
- If your incentive payment amount does not match what is reflected in your 2007 PQRI feedback report, contact your Carrier/MAC.
- The incentive payment and the 2007 PQRI feedback report will be issued separately. The payment, with the RA, will be issued by the Carrier/MAC and identified as a lump-sum PQRI incentive payment. CMS will separately provide the 2007 PQRI feedback reports through a secured website.
- PQRI participants will not receive claim-level detail in the feedback reports.
- PQRI feedback reports will be available beginning in July, 2008, around the time incentive payments begin to be issued to TINs under which at least one EP earned a PQRI incentive payment for 2007.
- 2007 PQRI feedback report availability is not based on whether or not an incentive payment was earned. Feedback reports will be available for every TIN under which at least one EP (identified by his or her NPI submitting Part B PFS claims) reported at least one PQRI measure a minimum of once during the reporting period (i.e., submitted at least one QDC for at least one PQRI measure on a claim that also included the procedure and/or diagnosis codes included in the measure's 2007 specification).

## Help/Troubleshooting

Following are helpful hints and troubleshooting information:

- Adobe® Acrobat® Reader is required to view the feedback report in PDF format. You can download a free copy of the latest version of Adobe® Acrobat® Reader from <http://www.adobe.com/products/acrobat/readstep2.html?promoid=BUIGO>.
- The report may not function optimally, correctly, or at all with some older versions of Microsoft® Windows, Microsoft® Internet Explorer, Mozilla® Firefox, or Adobe® Acrobat® Reader.
- Users may need to turn off their web browser's Pop-up Blocker or temporarily allow Pop-up files in order to download the 2007 PQRI feedback report.
- If you need assistance with the **IACS registration process** (i.e. forgot ID, password resets, etc.), contact the External Users Services (EUS) Help Desk at 1-866-484-8049, TTY/TDD at 1-866-523-4759 (Monday-Friday 7:00 a.m.-7:00 p.m. EST) or via e-mail at [EUSsupport@cgi.com](mailto:EUSsupport@cgi.com).
- For **PQRI Portal** assistance, contact the Report Delivery System (RDS) Help Desk at 866-288-8912 or [qnetssupport@ifmc.sdps.org](mailto:qnetssupport@ifmc.sdps.org) (Monday-Friday 7:00 a.m.-7:00 p.m. CT).
- Contact your Carrier/MAC with general payment questions. The Provider Center Toll-Free Numbers Directory offers information on how to contact the appropriate provider call center and is available for download at: [www.cms.hhs.gov/MLNGenInfo/01\\_Overview.asp](http://www.cms.hhs.gov/MLNGenInfo/01_Overview.asp).

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## APPENDIX A: 2007 PQRI Feedback Report Definitions

Table 1: Earned Incentive Summary for Taxpayer Identification Number (Tax ID)

Term	Definition
<b>Tax ID Name</b>	Legal business name associated with a Tax ID (TIN) number.
<b>Tax ID Number</b>	The masked Taxpayer Identification Number (TIN/Tax ID), whether individual or corporate TIN, Employer Identification Number, or individual professional's Social Security Number.
<b>Total Tax ID Earned Amount</b>	The total incentive amount earned by the Tax ID (TIN).
<b>Carrier #</b>	Carrier number to which the Tax ID (TIN) bills their claims.
<b>Proportion of Incentive Per Carrier, A/B MAC</b>	The percentage of the total incentive amount earned by the NPIs within the Tax ID (TIN), split across carriers based on the proportionate split of the Tax ID's total allowed Physician Fee Schedule charges billed across the carriers (100% of incentive will be distributed by a single carrier if a single carrier processed all July 1 – December 31, 2007, claims for the Tax ID).
<b>Tax ID Earned Incentive Amount Under Carrier, A/B MAC</b>	The total incentive amount earned by NPIs within the Tax ID (TIN) billing to each carrier. More information regarding 2007 incentive calculations can be found on the CMS website, <a href="http://www.cms.hhs.gov/pqri">www.cms.hhs.gov/pqri</a> .
<b>NPI</b>	National Provider Identifier of the eligible professional billing under the Tax ID ("NPI within the Tax ID").
<b>NPI Name</b>	The legal business name for an NPI identified in the Provider Enrollment Chain Ownership System (PECOS) database. If the professional's enrollment record is not yet established in PECOS at the time the report was produced, "N/A" will be populated in this field.
<b>Earned Incentive</b>	<ul style="list-style-type: none"> <li>• <b>Yes/No:</b> "Yes" if the EP's NPI within the Tax ID (TIN) is eligible for the incentive payment and "No" if the EP's NPI within the Tax ID is not eligible for the incentive payment.</li> <li>• <b>Rationale:</b> The rationale for those NPIs who were not eligible for incentive. <ul style="list-style-type: none"> <li>○ "Not participating": EP's NPI did not submit any quality-data codes on any measures for which they were eligible.</li> <li>○ "Did not pass MAV": EP's NPI was subject to measure-applicability validation (MAV) and did not pass.</li> <li>○ "Insufficient # measures reported at 80%": EP's NPI was not subject to MAV and was not eligible for incentive. <ul style="list-style-type: none"> <li>• More information regarding incentive calculations can be found within the Analysis &amp; Payment page on the CMS website, <a href="http://www.cms.hhs.gov/pqri">www.cms.hhs.gov/pqri</a>.</li> </ul> </li> </ul> </li> </ul>
<b>Measures Eligible</b>	The total number of measures the EP's NPI within the Tax ID could have reported (i.e. submitted claim with diagnosis and procedure codes according to the measure specification).
<b>Measures Reported</b>	The total number of measures for which the EP's NPI within the Tax ID reported at least one valid quality-data code. <ul style="list-style-type: none"> <li>○ <b>Quality-Data Code:</b> Specified CPT Category II codes with or without modifiers (and G-codes where CPT II codes are not yet available) used for submission of PQRI data. CMS <i>PQRI Quality Measures Specifications</i> document contains all codes associated with each PQRI</li> </ul>

	measure and instructions for data submission through the administrative claims system. This document can be found within the Measures/Codes page on the CMS website, <a href="http://www.cms.hhs.gov/pqri">www.cms.hhs.gov/pqri</a> .
<b>Measures Satisfactorily Reported (≥ 80%)</b>	The total number of measures the EP's NPI within the Tax ID (TIN) reported at a successful rate (for ≥ 80% of instances).
<b>NPI Total Earned Incentive Amount</b>	The lesser of the 1.5% bonus calculation and the bonus cap calculation for each incentive-eligible professional's NPI within the Tax ID (TIN). Note that it is possible for an NPI within the Tax ID to not have been subject to MAV, and still receive an incentive because they reported ≥ 80% of the time on three or more measures.

**Table 2: NPI Participation Detail**

<b>Term</b>	<b>Definition</b>
<b>Tax ID Name</b>	Legal business name associated with a Tax ID (TIN) number.
<b>NPI</b>	National Provider Identifier of the individual eligible professional billing under the Tax ID ("NPI within the Tax ID").
<b>NPI Name</b>	The legal business name for an NPI identified in the Provider Enrollment Chain Ownership System (PECOS) PECOS database. If the professional's enrollment record is not yet established in PECOS at the time the report was produced, "N/A" will be populated in this field.
<b>Earned Incentive</b>	<ul style="list-style-type: none"> <li>• Yes/No: "Yes" if the EP's NPI within the Tax ID (TIN) is eligible for the incentive payment and "No" if the EP's NPI within the Tax ID (TIN) is not eligible for the incentive payment.</li> <li>• Rationale: The rationale for those NPIs who were not eligible for incentive. <ul style="list-style-type: none"> <li>○ "Not participating": EP's NPI did not submit any quality-data codes on any measures for which they were eligible.</li> <li>○ "Did not pass MAV": EP's NPI was subject to measure-applicability validation (MAV) and did not pass.</li> <li>○ "Insufficient # measures reported at 80%": EP's NPI was not subject to MAV and was not eligible for incentive.</li> </ul> </li> <li>• More information regarding incentive calculations can be found on the CMS website, <a href="http://www.cms.hhs.gov/pqri">www.cms.hhs.gov/pqri</a>.</li> </ul>
<b>Measures Eligible</b>	The total number of measures for which the EP's NPI within the Tax ID (TIN) could have reported a valid QDC, based on measures specifications
<b>Measures Reported</b>	<p>The total number of measures for which the EP's NPI within the Tax ID (TIN) reported at least one valid QDC.</p> <ul style="list-style-type: none"> <li>• <b>Quality-Data Code:</b> Specified CPT Category II codes with or without modifiers (and G-codes where CPT II codes are not yet available) used for submission of PQRI data. CMS PQRI Quality Measures Specifications document contains all codes associated with each PQRI measure and instructions for data submission through the administrative claims system. This document can be found on the CMS website, <a href="http://www.cms.hhs.gov/pqri">www.cms.hhs.gov/pqri</a>.</li> </ul>
<b>Measures Satisfactorily Reported (≥ 80%)</b>	The total number of measures the EP's NPI within the Tax ID (TIN) reported at a successful rate (for ≥ 80% of instances).

<b>NPI Total Earned Incentive Amount</b>	The lesser of the 1.5% bonus calculation and the bonus cap calculation for each incentive-eligible professional's NPI within the Tax ID (TIN). Note that it is possible for an NPI within the Tax ID (TIN) to not have been subject to MAV, and still receive an incentive because they reported $\geq 80\%$ of the time on three or more measures.
<b>Measure Statement (Measure #)</b>	2007 PQRI measure number and title.
<b>Opportunities to Report</b>	For each measure, the number (#) of eligible instances (visits or patients depending on the measure specifications) the EP's NPI within the Tax ID (TIN) was eligible to report for the measure.
<b>Reported Instances</b>	For each measure, the number (#) of instances the EP's NPI within the Tax ID (TIN) correctly reported the necessary quality-data code(s) for the measure.
<b>Reporting Rate</b>	For each quality measure with eligible instances, the EP's reporting rate under this TIN is calculated by finding the quotient of the number of Reported Instances divided by the number of Opportunities to Report.
<b>Measure Validation Clinical Focus Area</b>	<p>The clinical focus area, according to the measure-applicability validation (MAV) process, for each measure is indicated. Please note that some measures may be generally applicable, and are not part of a clinical focus area.</p> <ul style="list-style-type: none"> <li>• <b>Measure-Applicability Validation (MAV):</b> <ul style="list-style-type: none"> <li>○ If an eligible professional submits quality-data codes (QDCs) for only one or two PQRI measures for the 2007 reporting period, achieves a reporting rate of at least 80% on each measure submitted, and does not submit QDCs for any other PQRI measure, the completeness of their selection of measures may be subject to the 2007 MAV process.</li> <li>○ Any NPI reporting on at least three measures for <math>\geq 80\%</math> of instances, or on one or two measures for <math>\geq 80\%</math> of instances and not found to have been eligible to report additional applicable measures by the MAV process is eligible to receive a PQRI incentive. More information regarding the MAV process and the clinical focus areas can be found on the CMS website, <a href="http://www.cms.hhs.gov/pqri">www.cms.hhs.gov/pqri</a>.</li> </ul> </li> </ul>

**Table 3: NPI Performance Detail**

**NOTE:** Performance information is provided for professional's use to assess and improve their clinical performance. Performance rates do not affect 2007 PQRI incentive payment eligibility or amount at the individual professional or practice level.

<b>Term</b>	<b>Definition</b>
<b>Tax ID Name</b>	Legal business name associated with a Tax ID (TIN) number in the CMS Provider Enrollment Chain Ownership System (PECOS) database.
<b>NPI Name</b>	The legal name for an NPI identified in the CMS Provider Enrollment Chain Ownership System (PECOS) database. If the professional's enrollment record is not yet established in PECOS at the time the report was produced, "N/A" will be populated in this field. To establish an enrollment record in the PECOS database, a professional must have submitted an initial or updated Medicare enrollment form (CMS-855) since October 2003.

<b>NPI Number</b>	Individual National Provider Identifier of the eligible professional billing under the Tax ID (“NPI within the Tax ID”).
<b>Measure Statement (Measure #)</b>	2007 PQRI measure number and title.
<b>Opportunities to Report</b>	For each measure, the number (#) of eligible instances (visits or patients depending on the measure specifications) the EP’s NPI within the Tax ID (TIN) was eligible to report for the measure.
<b>Eligible Instances Excluded</b>	<ul style="list-style-type: none"> <li>• <b>Clinical 1P:</b> For each measure, the number (#) of instances the EP’s NPI within the Tax ID (TIN) submitted modifier 1P.</li> <li>• <b>Patient 2P:</b> For each measure, the number (#) of instances the EP’s NPI within the Tax ID (TIN) submitted modifier 2P.</li> <li>• <b>System 3P:</b> For each measure, the number (#) of instances the EP’s NPI within the Tax ID (TIN) submitted modifier 3P.</li> <li>• <b>Other:</b> For each measure, the number (#) of instances the EP’s NPI within the Tax ID (TIN) submitted a G-code or CPT II code as a performance exclusion for the measure.</li> </ul>
<b>Clinical Performance Denominator</b>	The performance denominator is determined by subtracting the number of Eligible Instances Excluded from the total number of Eligible Instances. Valid reasons for exclusions may apply; these are specific to each measure. Measure specific information is available within the Measures/Codes page on the CMS website, <a href="http://www.cms.hhs.gov/pqri">www.cms.hhs.gov/pqri</a> .
<b>Clinical Performance Numerator</b>	Number of instances the EP’s NPI within the Tax ID (TIN) submitted the appropriate quality-data code(s) satisfactorily meeting the performance requirements for the measure. Please note that some measures look at “poor control” or “inappropriate care”. For these measures, it is desirable to have a small number.
<b>Clinical Performance Not Met</b>	<ul style="list-style-type: none"> <li>• <b>QDC Reported:</b> The number of quality-data codes (QDCs) reported to indicate that clinical performance was not met. This includes instances where an 8P modifier, G-code, or CPTII code was used as a performance failure for the measure.</li> <li>• <b>QDC Not Reported:</b> The number of instances where clinical performance is considered not met due to lack of a QDC being reported for the measure.</li> <li>• <b>Insufficient QDC Information:</b> The number of instances where clinical performance was not met due to insufficient QDC information from the EP’s NPI/TIN combination.</li> </ul>
<b>Clinical Performance Rate</b>	<p>For each measure, the EP’s NPI within the Tax ID’s (TIN’s) clinical performance rate is calculated by finding the quotient of the Clinical Performance Met for the measure divided by the Performance Denominator for the measure. For “poor control” or “inappropriate care” measures, it is desirable to have a lower rate.</p> <p>Note: Instances reported with recognized performance exclusions (modifiers and/or QDC codes) are not included when calculating the performance rate. In other words, these exclusions serve as denominator exclusions for the purpose of measuring performance. For each 2007 PQRI measure, the recognized performance exclusions are identified in the final 2007 PQRI Measure Specifications which are available for download from the CMS PQRI website.</p>
<b>National Comparison for Performance</b>	The National Comparison for Performance includes performance information for all EP’s NPI/Tax ID combinations submitting at least one quality-data code for the measure. Performance rates are sorted in ascending order (i.e. lowest to highest) then:

	<ul style="list-style-type: none"><li>• The <b>25th percentile</b> indicates that 25% of all participating EP's NPI/Tax ID combinations are performing at or below this rate.</li><li>• The <b>50th percentile</b> indicates that 50% of all participating EP's NPI/Tax ID combinations are performing at or below this rate.</li><li>• The <b>75th percentile</b> indicates that 75% of all participating EP's NPI/Tax ID combinations are performing at or below this rate.</li></ul>
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