

2011 Physician Quality Reporting System Electronic Health Record (EHR) Reporting Made Simple

January 2011

The Physician Quality Reporting System (Physician Quality Reporting, formerly called PQRI) is a voluntary reporting program that provides an incentive payment to identified eligible professionals who satisfactorily report data on quality measures for covered Physician Fee Schedule (PFS) services furnished to Medicare Part B Fee-for-Service (FFS) beneficiaries (includes Railroad Retirement Board and Medicare Secondary Payer). The Centers for Medicare & Medicaid Services (CMS) suggests that eligible professionals periodically review posted EHR-related materials in the Alternative Reporting Mechanisms section of the CMS Physician Quality Reporting System web page at <http://www.cms.gov/PQRS> to ensure they are informed of all program clarifications and updates.

How to Get Started

Listed below are some preparatory steps that eligible professionals must take prior to undertaking Physician Quality Reporting System EHR-based reporting.

- STEP 1:** Determine if you are able to participate. A list of professionals who are eligible and able to receive an incentive for participating in Physician Quality Reporting is available at <http://www.cms.gov/PQRS/Downloads/EligibleProfessionals.pdf> on the CMS website. Read this list carefully, as not all are considered eligible professionals.
- STEP 2:** Review the *2011 Physician Quality Reporting System EHR Measure Specifications*, which are available as a downloadable document in the Alternative Reporting Mechanisms section of the CMS Physician Quality Reporting web page located at <http://www.cms.gov/PQRS> to determine which measures apply to your practice. Eligible professionals who choose to report on EHR measures must report on a **minimum of three** measures at an 80 percent reporting rate to be able to qualify to earn a Physician Quality Reporting incentive payment.
- STEP 3:** Determine if your EHR product is a Physician Quality Reporting-qualified EHR system. A list of qualified EHR vendors and their product version(s) is available as a downloadable document in the Alternative Reporting Mechanisms section of the Physician Quality Reporting web page at <http://www.cms.gov/PQRS>. If you are unsure of the specifics of your EHR product, contact your EHR vendor to determine if your EHR system (including product and version number) is qualified.

STEP 4: If you determine that at least three Physician Quality Reporting System EHR measures apply to your practice and you have a Physician Quality Reporting-qualified EHR system, carefully review the following documents:

2011 Physician Quality Reporting System EHR Measures Specifications and 2011 Physician Quality Reporting System EHR Measures Specifications Release Notes located in the Alternative Reporting Mechanisms section of the CMS Physician Quality Reporting web page for EHR-based reporting of individual measures. As you read through the specifications, you will notice that each of the measures has a Numerator section (e.g., the quality performance action) associated with it and some measures also have some performance exclusions listed in the Denominator Exclusion section. Each participating provider must report a minimum of three measures for Medicare Part B eligible cases (as identified in the Denominator Inclusion section). A case is “eligible” for Physician Quality Reporting System purposes when the code(s) match the denominator inclusion criteria and are listed as PFS covered services according to the *Physician Quality Reporting System EHR Measure Specifications*.

You will also notice that each measure has a reporting frequency or timeframe requirement for each eligible patient seen during the reporting period for each individual eligible professional (National Provider Identifier [NPI]). The reporting frequency (i.e., report each visit, the most recent visit, once during the reporting period, etc.) is found in the details of each measure specification. Ensure that all members of the team understand and capture this information in the clinical record to facilitate reporting.

STEP 5: All patient care and visit-related information should be documented in your EHR system as normal. Ensure you identify and capture **all** eligible cases per the measure denominator for each measure you choose to report. It is important to review **all** of the denominator codes that can affect **EHR-based** reporting; particularly for broadly applicable measures or measures that do not have an associated diagnosis (for example, #110 Influenza Immunization) to ensure the correct quality action is performed and reported for the eligible case as instructed in the measure specifications.

STEP 6: Register for an Individuals Authorized Access for CMS Computer Services (IACS) account with two-factor authentication by November 2011. More information about how eligible professionals can get an IACS account is posted on the main page of the Physician and Other Health Care Professionals Quality Reporting Portal (Portal) at <http://www.qualitynet.org/PQRS>.

- New user registration begins at <https://applications.cms.hhs.gov>. See also <https://www.cms.gov/IACS/> > Provider/Supplier Community.
- Request the EHR Submitter Role when registering for the IACS account.
- If you already have an IACS account, you will need to request adding the role to your account.
- Refer to the *IACS EHR Submitter Role Quick Reference Guide* posted on the Portal home page.
- The two-factor authentication required to submit EHR data will be granted with the EHR Submitter Role.

STEP 7: Work with your Physician Quality Reporting System-qualified EHR vendor to create the required reporting file from your EHR system, so it can be uploaded through the Portal using IACS. **If you are using a “qualified” system, it should already be programmed to be able to generate this file.**

STEP 8: Participate in the required testing for data submission when available prior to payment submissions to ensure data errors do not occur. Speak with your EHR vendor to discuss any data submission issues.

STEP 9: Submit final EHR reporting files with quality measure data by the data submission deadline (**March 31, 2012**) to be analyzed and used for 2011 Physician Quality Reporting System EHR measure calculations. File uploads will be limited in size. Therefore, complete data submission may require several files to be uploaded to the Portal. Following a successful file upload, notification will be sent to the IACS user’s e-mail address indicating the files were submitted and received. Submission Reports will then be available to indicate file errors, if applicable. Feedback Reports will be available in the fall of 2012.

Resources

Reference documents on CMS Physician Quality Reporting website, include:

- *2011 EHR Documents for Eligible Professionals (zip file)* – Alternative Reporting Mechanisms page

User Guides located on the Portal sign-in page include:

- *PQRI/eRx Submission User Guide*
- *PQRI/eRx Submission Report User Guide*
- *Portal User Guide*
- *Submission Engine Validation Tool (SEVT) User Guide*
- *EHR Submitter Role – Quick Reference Guide*

Questions?

Contact your EHR vendor with technical questions and/or file submission errors. If your vendor is unable to answer your questions, please contact the **QualityNet Help Desk** at **866-288-8912** (available 7 a.m. to 7 p.m. CST Monday through Friday, TTY 877-715-6222) or via e-mail at qnet support@sdps.org.