

2012 Physician Fee Schedule Final Rule: Quality Reporting Initiatives

Disclaimers



This presentation was current at the time it was published or uploaded onto the web. Medicare policy changes frequently so links to the source documents have been provided within the document for your reference.

This presentation was prepared as a tool to assist providers and is not intended to grant rights or impose obligations. Although every reasonable effort has been made to assure the accuracy of the information within these pages, the ultimate responsibility for the correct submission of claims and response to any remittance advice lies with the provider of services. The Centers for Medicare & Medicaid Services (CMS) employees, agents, and staff make no representation, warranty, or guarantee that this compilation of Medicare information is error-free and will bear no responsibility or liability for the results or consequences of the use of this guide. This publication is a general summary that explains certain aspects of the Medicare Program, but is not a legal document. The official Medicare Program provisions are contained in the relevant laws, regulations, and rulings.

CPT only copyright 2010 American Medical Association. All rights reserved. CPT is a registered trademark of the American Medical Association. Applicable FARS\DFARS Restrictions Apply to Government Use. Fee schedules, relative value units, conversion factors and/or related components are not assigned by the AMA, are not part of CPT, and the AMA is not recommending their use. The AMA does not directly or indirectly practice medicine or dispense medical services. The AMA assumes no liability for data contained or not contained herein.

Agenda



- ◆ Announcements
- ◆ The Electronic Prescribing (eRx) Incentive Program
- ◆ The Physician Quality Reporting System
- ◆ The Medicare EHR Incentive Program
- ◆ Questions and Answers

Electronic Prescribing (eRx) Incentive Program

Electronic Prescribing (eRx) Incentive Program – Overview

- ◆ Established in 2009, the eRx Incentive Program seeks to encourage the use of electronic prescribing by providing incentives and payment adjustments based on whether eligible professionals meet the criteria for being successful electronic prescribers
- ◆ The applicable eRx incentive amounts are as follows:

2.0 percent for 2009	1.0 percent for 2012
2.0 percent for 2010	0.5 percent for 2013
1.0 percent for 2011	
- ◆ The applicable eRx payment adjustment amounts for 2013 and 2014 are as follows:

1.0 percent in 2012	2.0 percent in 2014
1.5 percent in 2013	
- ◆ There are no incentives or payment adjustments scheduled past 2014
- ◆ This final rule sets forth the requirements for the 2012 and 2013 incentives and 2013 and 2014 payment adjustments
- ◆ **Website:** <http://www.cms.gov/ERXincentive/>

Electronic Prescribing (eRx) Incentive Program— The Electronic Prescribing Measure

- ◆ The electronic prescribing measure contains a numerator and denominator

- ◆ Numerator Code: G8553

- ◆ Denominator Codes:
90801, 90802, 90804, 90805, 90806, 90807, 90808, 90809, 90862, 92002,
92004, 92012, 92014, 96150, 96151, 96152, 99201, 99202, 99203, 99204,
99205, 99211, 99212, 99213, 99214, 99215, 99304, 99305, 99306, 99307,
99308, 99309, 99310, 99315, 99316, 99324, 99325, 99326, 99327, 99328,
99334, 99335, 99336, 99337, 99341, 99342, 99343, 99344, 99345, 99347,
99348, 99349, 99350, G0101, G0108, and G0109

Electronic Prescribing (eRx) Incentive Program— 2012 and 2013 eRx Incentives

Criteria for Being a Successful Electronic Prescriber for the 2012 Incentive – Individual Eligible Professionals

Reporting Period	Reporting Mechanism	Reporting Criteria
Jan 1, 2012 – Dec 31, 2012	Claims	Report the electronic prescribing measure's numerator for at least 25 unique denominator-eligible visits
Jan 1, 2012 – Dec 31, 2012	Registry	Report the electronic prescribing measure's numerator for at least 25 unique denominator-eligible visits
Jan 1, 2012 – Dec 31, 2012	EHR (Direct EHR & EHR data submission vendor)	Report the electronic prescribing measure's numerator for at least 25 unique denominator-eligible visits

Criteria for Being a Successful Electronic Prescriber for the 2013 Incentive – Individual Eligible Professionals

Reporting Period	Reporting Mechanism	Reporting Criteria
Jan 1, 2013 – Dec 31, 2013	Claims	Report the electronic prescribing measure's numerator for at least 25 unique denominator-eligible visits
Jan 1, 2013 – Dec 31, 2013	Registry	Report the electronic prescribing measure's numerator for at least 25 unique denominator-eligible visits
Jan 1, 2013 – Dec 31, 2013	EHR (Direct EHR & EHR data submission vendor)	Report the electronic prescribing measure's numerator for at least 25 unique denominator-eligible visits

Electronic Prescribing (eRx) Incentive Program— 2012 and 2013 eRx Incentives

Criteria for Being a Successful Electronic Prescriber for the 2012 Incentive – Group Practices Using the eRx GPRO

Group Practice Size	Reporting Period	Reporting Mechanism	Criteria for Being a Successful Electronic Prescriber
25-99 eligible professionals	Jan 1, 2012 – Dec 31, 2012	Claims	Report the electronic prescribing measure's numerator for at least 625 unique denominator-eligible visits
25-99 eligible professionals	Jan 1, 2012 – Dec 31, 2012	Registry	Report the electronic prescribing measure's numerator for at least 625 unique denominator-eligible visits
25-99 eligible professionals	Jan 1, 2012 – Dec 31, 2012	EHR (Direct EHR-based reporting & EHR Data Submission Vendor)	Report the electronic prescribing measure's numerator for at least 625 unique denominator-eligible visits
100+ eligible professionals	Jan 1, 2012 – Dec 31, 2012	Claims	Report the electronic prescribing measure's numerator for at least 2,5000 unique denominator-eligible visits
100+ eligible professionals	Jan 1, 2012 – Dec 31, 2012	Registry	Report the electronic prescribing measure's numerator for at least 2,5000 unique denominator-eligible visits
100+ eligible professionals	Jan1, 2012 – Dec 31, 2012	EHR (Direct EHR-based reporting & EHR Data Submission Vendor)	Report the electronic prescribing measure's numerator for at least 2,5000 unique denominator-eligible visits

Electronic Prescribing (eRx) Incentive Program— 2012 and 2013 eRx Incentives

2013 Incentive: Criteria for Being a Successful Electronic Prescriber – Group Practices Using the eRx GPRO

Group Practice Size	Reporting Period	Reporting Mechanism	Criteria for Being a Successful Electronic Prescriber
25-99 eligible professionals	Jan 1, 2013 – Dec 31, 2013	Claims	Report the electronic prescribing measure's numerator for at least 625 unique denominator-eligible visits
25-99 eligible professionals	Jan 1, 2013 – Dec 31, 2013	Registry	Report the electronic prescribing measure's numerator for at least 625 unique denominator-eligible visits
25-99 eligible professionals	Jan 1, 2013 – Dec 31, 2013	EHR (Direct EHR-based reporting & EHR Data Submission Vendor)	Report the electronic prescribing measure's numerator for at least 625 unique denominator-eligible visits
100+ eligible professionals	Jan 1, 2013 – Dec 31, 2013	Claims	Report the electronic prescribing measure's numerator for at least 2,5000 unique denominator-eligible visits
100+ eligible professionals	Jan 1, 2013 – Dec 31, 2013	Registry	Report the electronic prescribing measure's numerator for at least 2,5000 unique denominator-eligible visits
100+ eligible professionals	Jan 1, 2013 – Dec 31, 2013	EHR (Direct EHR-based reporting & EHR Data Submission Vendor)	Report the electronic prescribing measure's numerator for at least 2,5000 unique denominator-eligible visits

Electronic Prescribing (eRx) Incentive Program— 2013 and 2014 eRx Payment Adjustments

Criteria for Being a Successful Electronic Prescriber for the 2013 eRx Payment Adjustment – Individual Eligible Professionals

Reporting Period	Reporting Mechanism	Reporting Criteria
12-month (Jan 1, 2011-Dec 31, 2011)*	Claims*	Reports on the 2011 electronic prescribing measure's numerator code at least 25 times for encounters associated with at least 1 of the denominator codes (the same criteria as the 2011 eRx incentive)*
12-month (Jan 1, 2011-Dec 31, 2011)*	Registry*	Reports on the 2011 electronic prescribing measure's numerator code at least 25 times for encounters associated with at least 1 of the denominator codes (the same criteria as the 2011 eRx incentive)*
12-month (Jan 1, 2011-Dec 31, 2011)*	EHR*	Reports on the 2011 electronic prescribing measure's numerator code at least 25 times for encounters associated with at least 1 of the denominator codes (the same criteria as the 2011 eRx incentive)*
6-month (Jan 1, 2011-Jun 30, 2012)	Claims	Report the electronic prescribing measure's numerator code at least 10 times

*Established in the CY 2011 PFS final rule with comment period.

Electronic Prescribing (eRx) Incentive Program— 2013 and 2014 eRx Payment Adjustments

Criteria for Being a Successful Electronic Prescriber for the 2014 eRx Payment Adjustment – Individual Eligible Professionals

Reporting Period	Reporting Mechanism	Reporting Criteria
12-month (Jan 1, 2012-Dec 31, 2012)	Claims	Reports on the 2011 electronic prescribing measure's numerator code at least 25 times for encounters associated with at least 1 of the denominator codes (the same criteria as the 2012 eRx incentive)
12-month (Jan 1, 2012-Dec 31, 2012)	Registry	Reports on the 2011 electronic prescribing measure's numerator code at least 25 times for encounters associated with at least 1 of the denominator codes (the same criteria as the 2012 eRx incentive)
12-month (Jan 1, 2012-Dec 31, 2012)	EHR (Direct EHR & EHR data submission vendor)	Reports on the 2011 electronic prescribing measure's numerator code at least 25 times for encounters associated with at least 1 of the denominator codes (the same criteria as the 2012 eRx incentive)
6-month (Jan 1, 2013-Jun 30, 2013)	Claims	Report the electronic prescribing measure's numerator code at least 10 times

Electronic Prescribing (eRx) Incentive Program— 2013 eRx Payment Adjustment

Criteria for Being a Successful Electronic Prescriber for the 2013 Payment Adjustment – Group Practices Using the eRx GPRO

Group Practice Size	Reporting Period	Reporting Mechanism	Reporting Criteria
25-99 Eligible Professionals	6-month (Jan 1, 2012 - Jun 30, 2012)	Claims	Report the electronic prescribing measure's numerator code at least 625 times
100+ Eligible Professionals	6-month (Jan 1, 2012 – Jun 30, 2012)	Claims	Report the electronic prescribing measure's numerator code at least 2,500 times

Electronic Prescribing (eRx) Incentive Program— 2014 eRx Payment Adjustment

Criteria for Being a Successful Electronic Prescriber for the 2014 Payment Adjustment – Group Practices Using the eRx GPRO

Group Practice Size	Reporting Period	Reporting Mechanism	Criteria
25-99 Eligible Professionals	12-month (Jan 1, 2012 – Dec 31, 2012)	Claims	Report the electronic prescribing measure's numerator for at least 625 times for encounters associated with at least 1 of the denominator codes (the same criteria as the 2012 eRx incentive)
25-99 Eligible Professionals	12-month (Jan 1, 2012 – Dec 31, 2012)	Registry	Report the electronic prescribing measure's numerator for at least 625 times for encounters associated with at least 1 of the denominator codes (the same criteria as the 2012 eRx incentive)
25-99 Eligible Professionals	12-month (Jan 1, 2012 – Dec 31, 2012)	EHR (Direct EHR-based reporting & EHR Data Submission Vendor)	Report the electronic prescribing measure's numerator for at least 625 times for encounters associated with at least 1 of the denominator codes (the same criteria as the 2012 eRx incentive)
100+ Eligible Professionals	12-month (Jan 1, 2012 – Dec 31, 2012)	Claims	Report the electronic prescribing measure's numerator for at least 2,500 times for encounters associated with at least 1 of the denominator codes (the same criteria as the 2012 incentive)
100+ Eligible Professionals	12-month (Jan 1, 2012 – Dec 31, 2012)	Registry	Report the electronic prescribing measure's numerator for at least 2,500 times for encounters associated with at least 1 of the denominator codes (the same criteria as the 2012 incentive)
100+ Eligible Professionals	12-month (Jan 1, 2012 – Dec 31, 2012)	EHR (Direct EHR-based reporting & EHR Data Submission Vendor)	Report the electronic prescribing measure's numerator for at least 2,500 times for encounters associated with at least 1 of the denominator codes (the same criteria as the 2012 incentive)
25-99 Eligible Professionals	6-month (Jan 1, 2013 - Jun 30, 2013)	Claims	Report the electronic prescribing measure's numerator code at least 625 times
100+ Eligible Professionals	6-month (Jan 1, 2013 - Jun 30, 2013)	Claims	Report the electronic prescribing measure's numerator code at least 2,500 times

Electronic Prescribing (eRx) Incentive Program – 2013 and 2014 eRx Payment Adjustments

Significant Hardship Exemptions:

- ◆ The eligible professional or group practice practices in a rural area with limited high-speed Internet access
- ◆ The eligible professional or group practice practices in an area with limited available pharmacies for electronic prescribing
- ◆ Inability to electronically prescribe due to local, state, or federal law or regulation
- ◆ Eligible professionals who prescribe fewer than 100 prescriptions during a 6-month, payment adjustment reporting period

- ◆ Deadline to submit requests for significant hardship exemptions:
 - ◆ 2013 Payment Adjustment: June 30, 2012
 - ◆ 2014 Payment Adjustment: June 30, 2013

- ◆ Method of Submission: Communication Support Page (web-based tool)
 - ◆ Link: https://www.qualitynet.org/portal/server.pt/community/communications_support_system/234
 - ◆ The Communication Support Page will be available to accept requests for significant hardship exemptions in the Spring 2012

The Physician Quality Reporting System

Physician Quality Reporting System – Overview

- ◆ Established in 2007, the Physician Quality Reporting System is a pay-for reporting program that provides a combination of incentives and payment adjustments to eligible professionals and group practices who satisfactorily report data on Physician Quality Reporting System quality measures
- ◆ The applicable incentive amounts are as follows:
 - 2012: 0.5 percent
 - 2013: 0.5 percent
 - 2014: 0.5 percent
- ◆ The applicable payment adjustment amounts are as follows:
 - 2015: 1.5 percent
 - 2016 and each subsequent year: 2.0 percent
- ◆ The Physician Quality Reporting System will be the basis for the Value-Based Modifier
- ◆ This final rule sets forth our requirements for the 2012 Physician Quality Reporting System
- ◆ **Website:** <http://www.cms.gov/PQRS/>

Physician Quality Reporting System – Goals and Highlights

◆ Goals: Physician Quality Reporting System

- ◆ Encourage participation in the Physician Quality Reporting System by:
 - ◇ Streamlining the program for greater ease of reporting
 - ◇ Finalizing reporting criteria consistent with criteria finalized in previous program years to foster familiarity with the reporting requirements
 - ◇ Lending permanency to certain program aspects (such as finalizing the claims, registry, and EHR-based reporting mechanisms)
- ◆ Adopt a Physician Quality Reporting System core set of measures pursuant to the CMS Million Hearts Campaign's goal of preventing cardiovascular disease
- ◆ Align with various CMS quality reporting programs, such as the Medicare Shared Savings Program and EHR Incentive Program

◆ Highlights: Requirements for Reporting Under the 2012 Physician Quality Reporting System

- ◆ Change the definition of group practice from 2 to 25 eligible professionals
- ◆ Post information on GPRO performance on the Physician Compare website in 2013
 - ◇ **Physician Compare Website:** <http://www.medicare.gov/find-a-doctor>
- ◆ Eliminate the 6-month reporting period (except for reporting on measures groups via registry)
- ◆ Finalize 29 additional measures for claims and/or registry-based reporting
- ◆ Data submission vendors can submit on behalf of eligible professionals for EHR
 - ◇ See Spotlight section of CMS Physician Quality Reporting website for more information
- ◆ Adopt all 44 EHR Incentive Program measures for EHR-based reporting
- ◆ Finalize 8 additional measures groups (total = 22)
- ◆ Adopt measures that align with the Medicare Shared Savings Program
- ◆ Provide interim (in addition to annual) feedback reports
- ◆ Establish CY 2013 as the reporting period for the 2015 Physician Quality Reporting System payment adjustment

Physician Quality Reporting System – Criteria for Satisfactory Reporting on Individual Measures

2012 Criteria for Satisfactory Reporting on Individual Measures via Claims and Registry

Reporting Period	Reporting Mechanism	Reporting Criteria
Jan 1, 2012 – Dec 31, 2012	Claims	<p>Report at least three Physician Quality Reporting System measures; OR</p> <p>If less than three measures apply to the eligible professional, 1-2 measures; AND</p> <p>Report each measure for at least 50% of the eligible professional's Medicare Part B FFS patients seen during the reporting period to which the measure applies.</p> <p><i>Measures with a 0% performance rate will not be counted.</i></p>
Jan 1, 2012 – Dec 31, 2012	Registry	<p>Report at least three Physician Quality Reporting System measures, AND</p> <p>Report each measure for at least 80% of the eligible professional's Medicare Part B FFS patients seen during the reporting period to which the measure applies.</p> <p><i>Measures with a 0% performance rate will not be counted.</i></p>

Aligning the Physician Quality Reporting System and EHR Incentive Program – EHR Reporting Criteria

2012 Criteria for Satisfactory Reporting of Data on Individual Physician Quality Reporting System Quality Measures via EHR

Reporting Period	Reporting Mechanism	Reporting Criteria
Jan 1, 2012 – Dec 31, 2012	EHR – Aligning with the Medicare EHR Incentive Program	<p>Report on ALL three Medicare EHR Incentive Program core measures (as identified in Table M9 of this final rule with comment period).</p> <p>If the denominator for one or more of the Medicare EHR Incentive Program core measures is 0, report on up to three Medicare EHR Incentive Program alternate core measures (as identified in Table M9 of this final rule with comment period); AND</p> <p>Report on three (of the 38) additional measures available for the Medicare EHR Incentive Program.</p>
Jan 1, 2012 – Dec 31, 2012	EHR	<p>Report at least three Physician Quality Reporting System measures AND Report each measure for at least 80% of the eligible professional's Medicare Part B FFS patients seen during the reporting period to which the measure applies.</p> <p><i>Measures with a 0% performance rate will not be counted.</i></p>

Physician Quality Reporting System – Criteria for Satisfactory Reporting on Measures Groups

2012 Criteria for Satisfactory Reporting on Measures Groups via Claims and Registry

Reporting Period	Reporting Mechanism	Reporting Criteria
Jan 1, 2012– Dec 31, 2012	Claims	<ul style="list-style-type: none"> Report at least 1 Physician Quality Reporting System measures group; AND Report each measures group for at least 30 Medicare Part B FFS patients. <p><i>Measures groups containing a measure with a 0% performance rate will not be counted.</i></p>
Jan 1, 2012 – Dec 31, 2012	Claims	<ul style="list-style-type: none"> Report at least 1 Physician Quality Reporting System measures group; AND Report each measures group for at least 50 % of the eligible professional's Medicare Part B FFS patients seen during the reporting period to whom the measures group applies; BUT Report each measures group on no less than 15 Medicare Part B FFS patients seen during the reporting period to which the measures group applies. <p><i>Measures groups containing a measure with a 0% performance rate will not be counted.</i></p>
Jan 1, 2012 – Dec 31, 2012	Registry	<ul style="list-style-type: none"> Report at least 1 Physician Quality Reporting System measures group; AND Report each measures group for at least 30 Medicare Part B FFS patients. <p><i>Measures groups containing a measure with a 0% performance rate will not be counted.</i></p>
Jan 1, 2012 – Dec 31, 2012	Registry	<ul style="list-style-type: none"> Report at least 1 Physician Quality Reporting System measures group; AND Report each measures group for at least 80 % of the eligible professional's Medicare Part B FFS patients seen during the reporting period to whom the measures group applies; BUT Report each measures group on at least 15 Medicare Part B FFS patients seen during the reporting period to which the measures group applies. <p><i>Measures groups containing a measure with a 0% performance rate will not be counted.</i></p>
Jul 1, 2012 – Dec 31, 2012	Registry	<ul style="list-style-type: none"> Report at least 1 Physician Quality Reporting System measures group; AND Report each measures group for at least 80 % of the eligible professional's Medicare Part B FFS patients seen during the reporting period to whom the measures group applies; BUT Report each measures group on no less than 8 Medicare Part B FFS patients seen during the reporting period to which the measures group applies. <p><i>Measures groups containing a measure with a 0% performance rate will not be counted.</i></p>

Criteria for Satisfactory Reporting – GPRO

2012 Criteria for Satisfactory Reporting for Group Practices Participating in the Group Practice Reporting Option (GPRO)

Reporting Period	Group Practice Size	Reporting Mechanism	Reporting Criteria
Jan 1, 2012 – Dec 31, 2012	25-99 Eligible Professionals	A submission web interface provided by CMS	<p>Report on all measures included in the web interface; AND</p> <p>Populate data field for the first 218 consecutively ranked and assigned beneficiaries in the order in which they appear in the group's sample (with an over-sample of 327) for each disease module or preventive care measure. If the pool of eligible assigned beneficiaries is less than 218, then report on 100% of assigned beneficiaries.</p>
Jan 1, 2012 – Dec 31, 2012	100+ Eligible Professionals	A submission web interface provided by CMS	<p>Report on all measures included in the web interface; AND</p> <p>Populate data fields for the first 411 consecutively ranked and assigned beneficiaries in the order in which they appear in the group's sample (with an over-sample of 616) for each disease module or preventive care measure. If the pool of eligible assigned beneficiaries is less than 411, then report on 100% of assigned beneficiaries.</p>

Physician Quality Reporting System – Core Measures

2012 Physician Quality Reporting System Core Measures Also consistent with the 2012 Million Hearts ABCs measures

Physician Quality Reporting System Measure Number	Measure Title	NQF Measure Number	Measure Developer	Reporting Mechanism
204	Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antithrombotic	0068	NCQA	Claims, Registry, EHR
236	Controlling High Blood Pressure	0018	NCQA	Claims, Registry, EHR
2	Diabetes Mellitus: Low Density Lipoprotein (LDL-C) Control in Diabetes Mellitus	0064	NCQA	Claims, Registry, EHR
226	Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention	0028	AMA-PCPI	Claims, Registry, EHR
TBD	Ischemic Vascular Disease (IVD): Complete Lipid Panel and Low-Density Lipoprotein (LDL-C) Control	0075	NCQA	Claims, Registry, EHR
TBD	Preventive Care and Screening: Screening for High Blood Pressure	N/A	CMS	Claims, Registry, EHR
TBD	Preventive Care and Screening: Cholesterol - Fasting Low-Density Lipoprotein (LDL) Test Performed AND Risk-Stratified Fasting LDL	N/A	CMS	EHR

Physician Quality Reporting System – Final Individual Measures Available for Claims and/or Registry-based Reporting

Total measures available for claims and/or registry-based reporting = 211

28 New Measures Available for Claims and/or Registry-based Reporting:

- ◆ Chronic Wound Care: Use of Wound Surface Culture Technique in Patients with Chronic Skin Ulcers
- ◆ Chronic Wound Care: Use of Wet to Dry Dressings in Patients with Chronic Skin Ulcers
- ◆ Substance Use Disorders: Counseling Regarding Psychosocial and Pharmacologic Treatment Options for Alcohol Dependence
- ◆ Substance Use Disorders: Screening for Depression Among Patients with Substance Abuse or Dependence
- ◆ Coronary Artery Disease (CAD): Symptom Management
- ◆ Cardiac Rehabilitation Patient Referral From an Outpatient Setting
- ◆ Hypertension: Blood Pressure Management
- ◆ Barrett's Esophagus
- ◆ Radical Prostatectomy Pathology Reporting
- ◆ Immunohistochemical (IHC) Evaluation of HER2 for Breast Cancer Patients
- ◆ Anticoagulation for Acute Pulmonary Embolus Patients
- ◆ Pregnancy Test for Female Abdominal Pain Patients
- ◆ Ultrasound Determination of Pregnancy Location for Pregnant Patients with Abdominal Pain
- ◆ Rh Immunoglobulin (Rhogam) for Rh Negative Pregnant Women at Risk of Fetal Blood Exposure
- ◆ Surveillance after Endovascular Abdominal Aortic Aneurysm Repair (EVAR)
- ◆ Statin Therapy at Discharge after Lower Extremity Bypass (LEB)
- ◆ Rate of Open AAA Repair without Major Complications (discharged to home no later than post-operative day #7)
- ◆ Rate of EVAR without Major Complications (discharged to home no later than POD #2)
- ◆ Rate of Carotid Endarterectomy for Asymptomatic Patients, without Major Complications (discharged to home no later than post-operative day #2)
- ◆ Referral for Otologic Evaluation for Patients with Acute or Chronic Dizziness
- ◆ Image Confirmation of Successful Excision of Image–Localized Breast Lesion
- ◆ Preoperative Diagnosis of Breast Cancer
- ◆ Sentinel Lymph Node Biopsy for Invasive Breast Cancer
- ◆ Biopsy Follow-up
- ◆ Epilepsy: Seizure Type(s) and Current Seizure Frequency(ies)
- ◆ Epilepsy: Documentation of Etiology of Epilepsy or Epilepsy Syndrome
- ◆ Epilepsy: Counseling for Women of Childbearing Potential with Epilepsy
- ◆ Ischemic Vascular Disease (IVD): Complete Lipid Profile and LDL Control < 100

Physician Quality Reporting System – Final 2012 EHR Measures

EHR MEASURES THAT ARE ALSO EHR INCENTIVE PROGRAM CORE MEASURES

- ◆ Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-up
- ◆ Hypertension (HTN): Blood Pressure Measurement
- ◆ Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention

EHR MEASURES THAT ARE ALSO EHR INCENTIVE PROGRAM ALTERNATE CORE MEASURES

- ◆ Preventive Care and Screening: Influenza Immunization
- ◆ Weight Assessment and Counseling for Children and Adolescents
- ◆ Childhood Immunization Status

EHR MEASURES THAT ARE ALSO EHR INCENTIVE PROGRAM MEASURES

- ◆ Diabetes Mellitus: Hemoglobin A1c Poor Control in Diabetes Mellitus
- ◆ Diabetes Mellitus: Low Density Lipoprotein (LDL-C) Control in Diabetes Mellitus
- ◆ Diabetes Mellitus: High Blood Pressure Control in Diabetes Mellitus
- ◆ Heart Failure: Angiotensin-Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker (ARB) Therapy for Left Ventricular Systolic Dysfunction (LVSD)
- ◆ Coronary Artery Disease (CAD): Oral Antiplatelet Therapy Prescribed for Patients with CAD
- ◆ Coronary Artery Disease (CAD): Beta-Blocker Therapy- Prior Myocardial Infarction (MI) or Left Ventricular Systolic Dysfunction (LVEF < 40 percent)
- ◆ Heart Failure (HF): Beta-blocker Therapy for Left Ventricular Systolic Dysfunction (LVSD)
- ◆ Anti-depressant medication management: (a) Effective Acute Phase Treatment, (b) Effective Continuation Phase Treatment
- ◆ Primary Open Angle Glaucoma (POAG): Optic Nerve Evaluation
- ◆ Diabetic Retinopathy: Documentation of Presence or Absence of Macular Edema and Level of Severity of Retinopathy
- ◆ Diabetic Retinopathy: Communication with the Physician Managing Ongoing Diabetes Care
- ◆ Asthma: Pharmacologic Therapy for Persistent Asthma
- ◆ Asthma: Assessment of Asthma Control
- ◆ Appropriate Testing for Children with Pharyngitis
- ◆ Breast Cancer: Hormonal Therapy for Stage IC-IIIc Estrogen Receptor/Progesterone Receptor (ER/PR) Positive Breast Cancer
- ◆ Colon Cancer: Chemotherapy for Stage III Colon Cancer Patients
- ◆ Prostate Cancer: Avoidance of Overuse of Bone Scan for Staging Low Risk Prostate Cancer Patients
- ◆ Preventive Care and Screening: Screening Mammography

Physician Quality Reporting System – Final 2012 EHR Measures (cont.)

EHR MEASURES THAT ARE ALSO EHR INCENTIVE PROGRAM MEASURES

- ◆ Preventive Care and Screening: Colorectal Cancer Screening
- ◆ Smoking and Tobacco Use Cessation, Medical Assistance: a. Advising Smokers to Quit, b. Discussing Smoking and Tobacco Use Cessation Medications, c. Discussing Smoking and Tobacco Use Cessation Strategies
- ◆ Diabetes Mellitus: Dilated Eye Exam in Diabetic Patient
- ◆ Diabetes Mellitus: Urine Screening for Microalbumin or Medical Attention for Nephropathy in Diabetic Patients
- ◆ Diabetes: Foot Exam
- ◆ Coronary Artery Disease (CAD): Lipid Control
- ◆ Heart Failure: Warfarin Therapy Patients with Atrial Fibrillation
- ◆ Ischemic Vascular Disease (IVD): Blood Pressure Management Control
- ◆ Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antithrombotic
- ◆ Initiation and Engagement of Alcohol and Other Drug Dependence Treatment: (a) Initiation, (b) Engagement
- ◆ Prenatal Care: Screening for Human Immunodeficiency Virus (HIV)
- ◆ Prenatal Care: Anti-D Immune Globulin
- ◆ Hypertension: Controlling High Blood Pressure
- ◆ Cervical Cancer Screening
- ◆ Chlamydia Screening for Women
- ◆ Use of Appropriate Medications for Asthma
- ◆ Low Back Pain: Use of Imaging Studies
- ◆ Ischemic Vascular Disease (IVD): Complete Lipid Panel and Low-Density (LDL-C) Control
- ◆ Diabetes: Hemoglobin A 1 c Control (<8.0%)

OTHER PHYSICIAN QUALITY REPORTING SYSTEM EHR MEASURES

- ◆ Screening or Therapy for Osteoporosis for Women Aged 65 Years and Older
- ◆ Advance Care Plan
- ◆ Urinary Incontinence: Assessment of Presence or Absence of Urinary Incontinence in Women Aged 65 Years and Older
- ◆ Preventive Care and Screening: Unhealthy Alcohol Use – Screening
- ◆ Drugs to be Avoided in the Elderly
- ◆ Preventive Care and Screening: Cholesterol and Fasting Low-Density Lipoprotein (LDL) Test Performed AND Risk-Stratified Fasting LDL
- ◆ Preventive Care and Screening: Screening for High Blood Pressure

Physician Quality Reporting System – Final 2012 GPRO Measures

29 Measures Available for Reporting Under the Physician Quality Reporting System Group Practice Reporting Option (GPRO)

- ◆ Diabetes Mellitus: Hemoglobin A1c Poor Control in Diabetes Mellitus(>9%)**
- ◆ Diabetes Mellitus: Low Density Lipoprotein (LDL-C) Control in Diabetes Mellitus**
- ◆ Diabetes Mellitus: High Blood Pressure Control in Diabetes Mellitus**
- ◆ Heart Failure: Angiotensin-Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker (ARB) Therapy for Left Ventricular Systolic Dysfunction (LVSD)
- ◆ Coronary Artery Disease (CAD): Oral Antiplatelet Therapy Prescribed for Patients with CAD
- ◆ Heart Failure: Beta-Blocker Therapy for Left Ventricular Systolic Dysfunction (LVSD)*
- ◆ Medication Reconciliation: Reconciliation After Discharge from an Inpatient Facility*
- ◆ Chronic Obstructive Pulmonary Disease (COPD): Bronchodilator Therapy
- ◆ Preventive Care and Screening: Influenza Immunization*
- ◆ Preventive Care and Screening: Pneumonia Vaccination for Patients 65 Years and Older*
- ◆ Preventive Care and Screening: Screening Mammography*
- ◆ Preventive Care and Screening: Colorectal Cancer Screening*
- ◆ Diabetes Mellitus: Dilated Eye Exam in Diabetic Patient
- ◆ Coronary Artery Disease (CAD): Angiotensin-Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker (ARB) Therapy for Patients with CAD and Diabetes and/or Left Ventricular Systolic Dysfunction (LVSD)*
- ◆ Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow Up*
- ◆ Diabetes Mellitus: Foot Exam
- ◆ Coronary Artery Disease (CAD): Lipid Control*
- ◆ Heart Failure: Left Ventricular Ejection Fraction (LVEF) Assessment
- ◆ Heart Failure: Patient Education
- ◆ Ischemic Vascular Disease (IVD): Use of Aspirin or another Antithrombotic*
- ◆ Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention*
- ◆ Heart Failure: Left Ventricular Function (LVF) Testing
- ◆ Hypertension (HTN): Controlling High Blood Pressure*
- ◆ Ischemic Vascular Disease (IVD): Complete Lipid Panel and Low-Density Lipoprotein (LDL-C) Control *
- ◆ Preventive Care and Screening: Screening for High Blood Pressure*
- ◆ Diabetes: Daily Aspirin Use for Patients with Diabetes and Ischemic Vascular Disease*
- ◆ Falls: Screening for Fall Risk*
- ◆ Diabetes Mellitus: Tobacco Non-Use*
- ◆ Diabetes Mellitus: Hemoglobin A1c Control (<8%)*

* Measures also available for reporting under the Medicare Shared Savings Program

** Measure is part of NQF #0729, Optimal Diabetes Care composite, under the Medicare Shared Savings Program.

Physician Quality Reporting System – Final 2012 Measures Groups

Measures groups available for claims and/or registry-based reporting

Measures groups that were available for reporting in 2011:

1. Diabetes Mellitus**
2. Chronic Kidney Disease**
3. Preventive Care**
4. CABG* **
5. Rheumatoid Arthritis**
6. Perioperative Care**
7. Back Pain
8. CAD*
9. Heart Failure* **
10. IVD**
11. Hepatitis C**
12. HIV/AIDS* **
13. CAP**
14. Asthma**

New measures groups:

1. COPD*
2. IBD*
3. Sleep Apnea*
4. Dementia*
5. Parkinson's*
6. Hypertension*
7. Cardiovascular Prevention**
8. Cataracts*

* This measures group is reportable through registry-based reporting only.

** The measures contained within this measures group are also available for reporting as individual measures.

Medicare EHR Incentive Program: Changes to the Medicare EHR Incentive Program for Payment Year 2012

Medicare EHR Incentive Program – Overview

- ◆ The Medicare EHR Incentive Program provides incentive payments to eligible professionals (EPs), eligible hospitals, and critical access hospitals (CAHs) participating in the Medicare and Medicaid programs that successfully adopt, implement, upgrade, or demonstrate meaningful use of certified electronic health record (EHR) technology

- ◆ In this final rule, we outline the following methods of reporting EPs may use to report clinical quality measures (CQMs) for the 2012 payment year:
 - ◆ Attestation
 - ◇ EPs may continue with attestation in order to report on CQMs
 - ◆ Participation in the Physician Quality Reporting System-EHR Incentive Pilot
 - ◇ This Pilot option is intended for those EPs who seek to earn both a Physician Quality Reporting System and EHR Incentive Program incentives by submitting data on a simple sample set of patients
 - ◇ EPs may participate in the Physician Quality Reporting System-EHR Incentive Pilot by using either
 1. **A Direct EHR** or
 2. **EHR Data Submission Vendor**

- ◆ Website: <https://www.cms.gov/ehrincentiveprograms/>

Where to Call for Help

Physician Quality Reporting System and eRx Incentive Program:

- ◆ Website for eRx Incentive Program: <http://www.cms.gov/ERXincentive/>
- ◆ Website for Physician Quality Reporting System: <http://www.cms.gov/PQRS/>

For questions, contact the **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

EHR Incentive Program:

- ◆ Website for EHR Incentive Program: <https://www.cms.gov/ehrincentiveprograms/>

For questions, contact the **EHR Information Center:**

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

7:30am-6:30pm CST M-F (except federal holidays)

Note: You may be asked to provide basic information such as name, practice, address, phone, and e-mail.