

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

December 20, 2011

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Agenda



- ◆ CMS Updates/Announcements
- ◆ Presentation
 - ◆ Registry Reporting of 2011 Data
 - ◆ EHR Submission of 2011 Data
 - ◆ IACS Accounts for EHR Submission
- ◆ Question and Answer Session

Physician Quality Reporting, eRx Incentive Program

REGISTRY REPORTING OF 2011 DATA

Still Time for 2011 Reporting!



- ◆ You still have time to participate in 2011 Physician Quality Reporting and/or the eRx Incentive Program, via a:
 - ◆ Qualified registry, or
 - ◆ Qualified EHR
- ◆ You may potentially qualify to receive a full-year incentive payment

What is a Registry?



- ◆ What is a registry?
 - ◆ Captures and stores clinically related data
 - ◆ Submits on behalf of providers
- ◆ CMS selects “qualified” registries annually
- ◆ Only method that provides calculated reporting and performance rates to CMS
 - ◆ Data must be submitted via defined XML specifications
- ◆ Claims-based measure specifications used
 - ◆ Individual
 - ◆ Measures Groups

CMS “Qualified” Registries



- ◆ Must use a CMS qualified registry
 - ◆ See list at http://www.cms.gov/PQRS/Downloads/2011_Qualified_Registries_Posting_11-30-2011.pdf
- ◆ Each of these registries have gone through a thorough vetting process including:
 - ◆ checking their capability to provide the required data elements;
 - ◆ reviewing a measure flow and algorithms, performance use case calculations (this checks to see whether the registry calculates the measure’s reporting and performance rates correctly); and
 - ◆ transmitting the required information in the requested file format (XML)

Disclaimer: While the listed registries successfully completed the vetting process, CMS cannot guarantee that any or all of the listed registries will be successful in providing the required information on behalf of their eligible professionals for the possible payment incentive.

Overview: Registry Methods of Data Collection



- ◆ Copy of claims
- ◆ Web portal
- ◆ Practice management software data mining
- ◆ EHR

Overview: Registry Reporting



- ◆ Registry submits 2011 data on your behalf
 - ◆ Timing: First quarter of 2012
- ◆ Work with your respective registry on the specifics

Overview: 2011 Registry Reporting Requirements



- ◆ For 2011 Physician Quality Reporting System, at least 3 individual measures must be reported; OR
- ◆ At least 1 measures group

- ◆ See <http://www.cms.gov/PQRS/2011/list.asp> for:
 - ◆ *2011 Physician Quality Reporting Measure List, Specifications Manual and Release Notes*
 - ◆ *2011 Physician Quality Reporting Measures Groups Specifications Manual and Release Notes*

Measures Groups



- ◆ **4 or more individual measures** related to a clinical topic that have a common patient population specified in the denominator that is defined by diagnosis and/or encounter codes
- ◆ **Measures Groups Specifications** are **not** the same as those for individual measures. Use the correct manual:
http://www.cms.gov/apps/ama/license.asp?file=/pqrs/downloads/2011_PhysQualRptg_MeasuresGroups_SpecificationsManualandRelNotes_10142011.zip
- ◆ **Reporting periods* available:**
 - ◆ 12-month (full-year incentive) January 1-Dec 31, 2011
 - ◆ 6-month (half-year incentive) July1-Dec 31, 2011
- ◆ **Reporting methods/options available:**
 - ◆ **Claims or Registry**
 - ◇ Minimum 30 patient sample or 80% patient sample

***See Appendix C Decision Tree, 2011 Physician Quality Reporting Implementation Guide:**
<http://www.cms.gov/PQRS/2011/list.asp>

Steps for Registry Reporting



- ◆ Step 1: Determine whether or not you are eligible to participate
 - ◆ See list of professionals who are eligible and able to receive an incentive for participating in the Physician Quality Reporting System
 - ◆ http://www.cms.gov/PQRS/01_Overview.asp
 - ◆ See list of professionals who are eligible and able to receive an incentive for participating in the eRx Incentive Program
 - ◆ https://www.cms.gov/ERxIncentive/05_Eligible%20Professionals.asp

Steps for Registry Reporting (cont.)



- ◆ Step 2: For Physician Quality Reporting, determine which registry reporting option(s) best fits your practice (registry-based reporting of either individual measures or measures groups) as well as the reporting period (12 months or 6 months where applicable), which varies with the reporting option selected
 - ◆ See *Decision Tree in 2011 Physician Quality Reporting System Implementation Guide* (Appendix C)
 - ◆ <http://www.cms.gov/PQRS> > 2011

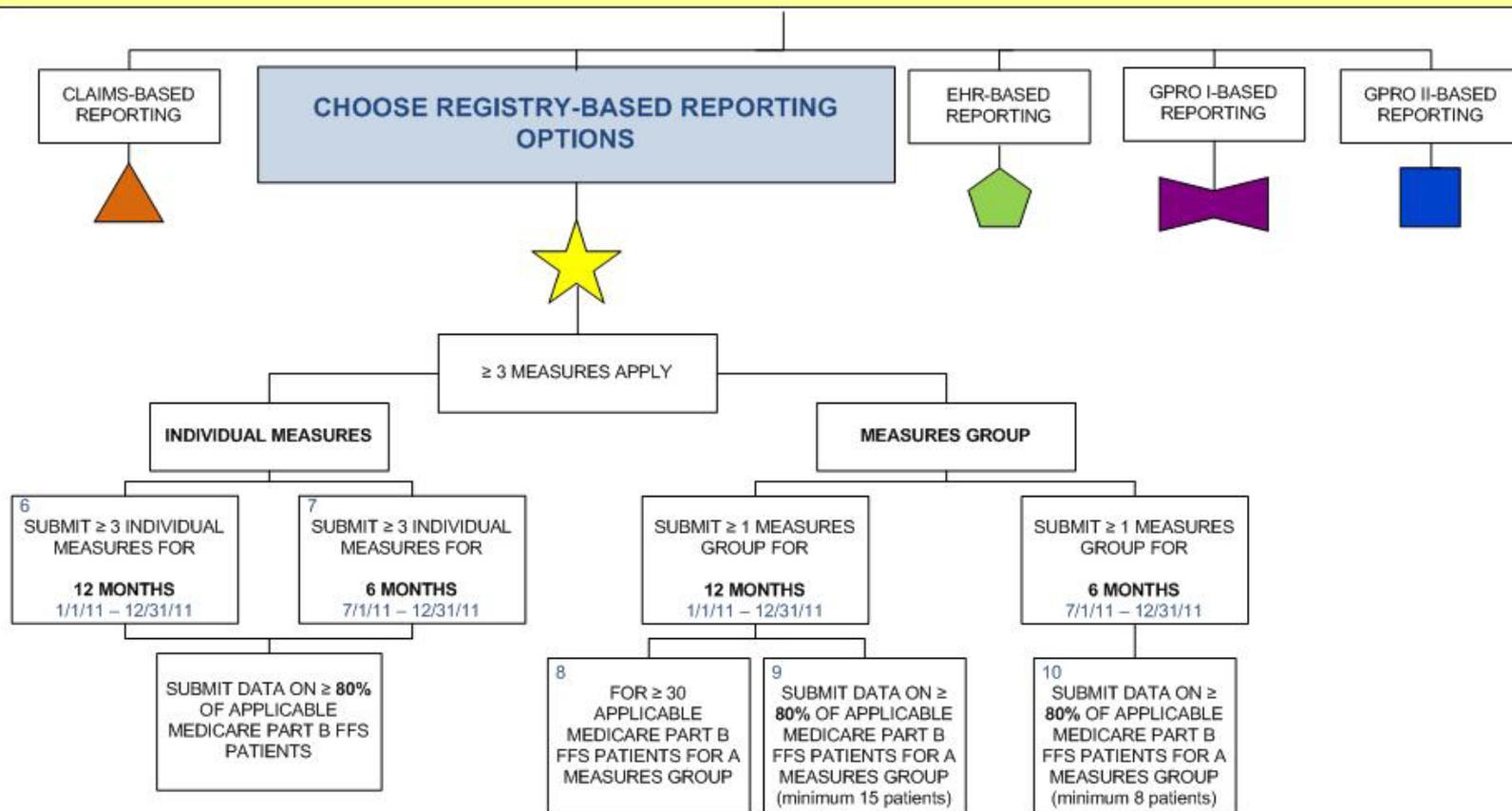
2011 Registry-Based Reporting Options



I WANT TO PARTICIPATE IN 2011 PHYSICIAN REPORTING FOR INCENTIVE PAYMENT

SELECT REPORTING METHOD

(Refer to the appropriate Measure Specifications for the specific reporting method(s) chosen for 2011 Physician Reporting)



Steps for Registry Reporting (cont.)



- ◆ Step 3: Review the *2011 Physician Quality Reporting System Measures List* (individual) or *Measures Groups Specifications Manual* (measures groups) and determine which measures apply
 - ◆ Individual measures – must report at least 3 measures
 - ◆ If choose to report measures groups, select at least 1 measures group to submit

Steps for Registry Reporting (cont.)



◆ Step 4: Review documentation

◆ *Individual Physician Quality Reporting Measures*

Once you have selected the measures (at least 3), carefully review the following documents:

- ◆ *2011 Physician Quality Reporting System Measure Specifications Manual for Claims and Registry* for instructions on how to report claims-based or registry-based individual measures (just print the pages for the measure specifications you are reporting as the document is lengthy)
- ◆ *2011 Physician Quality Reporting System Implementation Guide* which describes important reporting principles underlying claims-based reporting of measures and includes a sample claim in Form CMS-1500 format
- ◆ Both documents can be found as downloads in the 2011 section of the Physician Quality Reporting web page at <http://www.cms.gov/PQRS>

Steps for Registry Reporting (cont.)



◆ Step 4: Review documentation (cont.)

◆ *Measures Groups*

- ◆ *2011 Physician Quality Reporting System Measures Groups Specifications Manual* for claims-based or registry-based reporting of measures groups (just print the pages for the measures, including denominator coding, you are reporting)
 - ◆ Note that the specifications for a measures group are different from those for individual measures because they identify a common denominator across the measures group - Be sure you use the correct specifications!
- ◆ *Getting Started with 2011 Physician Quality Reporting of Measures Groups* is the implementation guide for reporting measures groups
- ◆ *2011 Physician Quality Reporting Fact Sheet: Physician Quality Reporting Made Simple for Reporting the Preventive Care Measures Group* provides a useful worksheet to keep track of each unique patient reported when using the 30 patient sample method to report a measures group

Steps for Registry Reporting (cont.)



- ◆ Step 5: Find a qualified registry able to submit the measures' information on your behalf
 - ◆ See list at http://www.cms.gov/PQRS/Downloads/2011_Qualified_Registries_Posting_11-30-2011.pdf
 - ◆ Work out the specifics with your selected registry

Steps for Registry Reporting (cont.)



◆ eRx

- ◆ See *2011 eRx Measure Specification and Release Notes* at https://www.cms.gov/ERxIncentive/06_E-Prescribing_Measure.asp
- ◆ Work out the specifics with your selected registry

References



- ◆ Reference documents on the CMS Physician Quality Reporting website:
 - ◆ *2011 Physician Quality Reporting System Measure Specifications Manual for Claims and Registry* – 2011 Physician Quality Reporting page
 - ◆ *2011 Physician Quality Reporting System Implementation Guide* – 2011 Physician Quality Reporting page
 - ◆ *2011 Physician Quality Reporting System Measures Groups Specifications Manual* – 2011 Physician Quality Reporting page
 - ◆ *Getting Started with 2011 Physician Quality Reporting of Measures Groups* – 2011 Physician Quality Reporting page
 - ◆ *2011 Physician Quality Reporting Fact Sheet: Physician Quality Reporting Made Simple for Reporting the Preventive Care Measures Group* – 2011 Physician Quality Reporting page

Registry Reporting: The Numbers



	2008	2009	2010
Number of Registries	32	70+	97
Number of Participants	12,000 +	30,000 +	50,000+
% Incentive Eligible	90%+	90%+	est. 90%+

2011 Qualified Registries/EHRs



- ◆ 97 qualified registries
- ◆ 27 qualified EHR vendors
- ◆ Lists posted on CMS website
 - ◆ http://www.cms.gov/PQRS/20_AlternativeReportingMechanisms.asp > Downloads

Physician Quality Reporting, eRx Incentive Program –
**EHR SUBMISSION OF 2011
DATA**

What is EHR Submission?



- ◆ An EHR is a systematic collection of electronic health information about individual patients or populations
 - ◆ A record in digital format capable of being shared across different health care settings
- ◆ CMS selects “qualified” EHR vendors annually
 - ◆ Current list of ***Qualified EHR Vendors for the 2011 Physician Quality Reporting System and eRx Incentive Program*** (including the specific product(s) and version(s) that are qualified) is available at:
<http://www.cms.hhs.gov/PQRI/Downloads/QualifiedEHRVendorsRvsd01042010Final.pdf>
- ◆ Using a qualified EHR, eligible professionals submit raw clinical data to CMS and measures are calculated by CMS

Determining Eligibility



- ◆ Determining eligibility for 2011 EHR-based reporting:
 - ◆ Eligible professionals who choose to report on EHR measures must select **at least 3** EHR measures to be eligible for the incentive payment
 - ◇ Review the *2011 Physician Quality Reporting EHR Measure Specifications* to determine if 3 measures apply to your practice
 - ◆ Determine if your EHR product is a 2011 Physician Quality Reporting qualified EHR system
 - ◇ A list of qualified 2011 EHR vendors and their product version(s) is available in the Alternative Reporting Mechanisms section of CMS Physician Quality Reporting web site at <http://www.cms.gov/PQRS>

CMS “Qualified” EHR Vendors and Systems/Products



- ◆ Each of these EHR vendors have gone through a thorough vetting process to verify that their listed qualified system and product(s) have the capability to provide the required data elements for the 20 Physician Quality Reporting measures

Disclaimer: While the listed EHR vendors and their qualified EHR systems and product(s) have successfully completed the vetting process, CMS cannot guarantee that any other product or version of software, other than what is listed in the posted document, will be compatible for EHR-based submission for the Physician Quality Reporting System or the eRx Incentive Program

CMS “Qualified” EHR Vendors and Systems/Products (cont.)



- ◆ Some EHRs are also capable of reporting the eRx measure to CMS
 - ◆ http://www.cms.gov/PQRS/Downloads/Qualified_EHR_Vendors_for_the_2011_PQRS_and_eRx_10-04-2011.pdf
- ◆ Note: EHR-based reporting of 2011 eRx measure only applies to 2011 eRx incentive, not for 2012 eRx payment adjustment
 - ◆ eRx measure is posted at <https://www.cms.gov/ERxIncentive/2011/list.asp>

CMS “Qualified” EHR Vendors and Systems/Products (cont.)



- ◆ In addition to capturing the required data elements for measure calculation, these “qualified” EHR products can also produce the required information in requested file format
- ◆ Eligible professionals who wish to participate in 2011 Physician Quality Reporting and/or eRx Incentive Program using the EHR-based reporting option may contact qualified EHR vendors for additional details about their software
- ◆ These qualified products’ users may submit quality data directly from their EHRs to CMS for 2011 program year or subsequent years

CMS “Qualified” EHR Vendors and Systems/Products (cont.)



◆ Disclaimer: *While the listed EHR vendors and their qualified EHR systems and product(s) have successfully completed the vetting process, CMS cannot guarantee that any other product or version of software, other than what is listed in the posted document, will be compatible for EHR-based submission for the Physician Quality Reporting System or the eRx Incentive Program*

Qualified vs. Certified EHR



◆ **Qualified EHR – Physician Quality Reporting, eRx Incentive Program:**

- ◆ EHR vendors and their products must successfully complete a vetting process in order to be considered “qualified” for Physician Quality Reporting and/or eRx Incentive Program
- ◆ Eligible professionals submit clinical quality data extracted from CMS “qualified” EHRs

◆ **Certified EHR – Medicare and Medicaid EHR Incentive Programs:**

- ◆ The Medicare and Medicaid EHR Incentive Programs require the use of certified EHR technology
- ◆ Standards, implementation specifications, and certification criteria for EHR technology have been adopted by the Secretary of the Department of Health and Human Services
- ◆ EHR technology must be tested and certified by an Office of the National Coordinator (ONC) Authorized Testing and Certification Body (ATCB) in order for a provider to qualify for EHR incentive payments
- ◆ The Certified HIT Product List (CHPL) provides the authoritative, comprehensive listing of Complete EHRs and EHR Modules that have been tested and certified under the Temporary Certification Program maintained by the Office of the National Coordinator for Health IT (ONC)

2010 EHR Direct Submission



- ◆ 7 EHR vendors were “qualified” for 2010 Physician Quality Reporting
- ◆ Users of 1 vendor’s system submitted data to Physician Quality Reporting
 - ◆ 15 eligible professionals submitted directly from their EHRs in 2010
 - ◆ 14 were incentive eligible

Future of Quality Measures Using EHRs



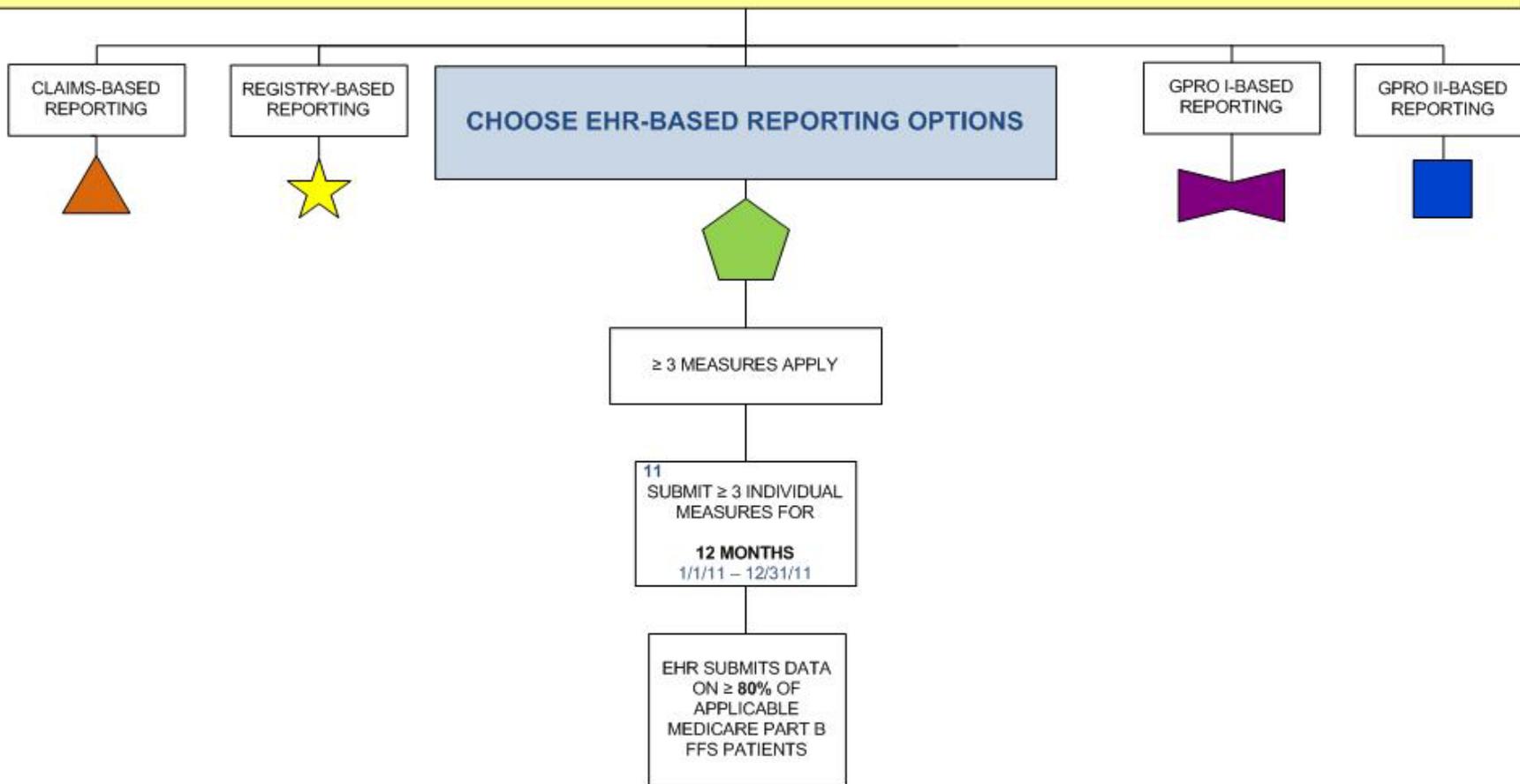
- ◆ More reliable data
 - ◆ Primary source data
 - ◆ May be useful in pay-for-performance programs
 - ◆ May be used in public reporting
 - ◆ Data may be more easily used for research
 - ◆ More complex measures
- ◆ Outcomes measures vs. process measures
 - ◆ Will help identify best practices (best way to treat certain conditions)
 - ◆ May be easier to “risk adjust” data

2011 EHR-Based Reporting Options

I WANT TO PARTICIPATE IN 2011 PHYSICIAN REPORTING FOR INCENTIVE PAYMENT

SELECT REPORTING METHOD

(Refer to the appropriate Measure Specifications for the specific reporting method(s) chosen for 2011 Physician Reporting)



Steps for 2011 EHR-based Reporting



- ◆ Step 1: Register for an Individuals Authorized Access for CMS Computer Services (IACS) account
 - ◆ New user registration begins at <https://applications.cms.hhs.gov>
 - ◆ 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 Physician and Other Health Care Professionals Quality Reporting Portal (Portal) home page

Steps for 2011 EHR-based Reporting (cont.)



- ◆ Step 2: Reminder: If there are at least 3 applicable measures for your practice AND you have a qualified EHR system, be sure to *carefully* review the following documents:
 - ◆ *2011 Physician Quality Reporting System EHR Measure Specifications*
 - ◆ Detailed description of data element names and codes related to each of 20 2011 Physician Quality Reporting System and eRx quality measures available for electronic submission
 - ◆ http://www.cms.gov/PQRS/downloads/2011_EHR_Documents_for_Eligible_Professionals12152010.zip
 - ◆ *2011 Physician Quality Reporting System EHR Measure Specifications – Release Notes*

Steps for 2011 EHR-based Reporting (cont.)



- ◆ Step 3: Work with your 2011 Physician Quality Reporting qualified EHR vendor to create the required reporting file from your EHR system
 - ◆ If you are using a “qualified” system, it should already be programmed with the ability to generate this file

Steps for 2011 EHR-based Reporting (cont.)



- ◆ Step 4: Submit final EHR files with the quality measure data during the submission period during the first quarter of 2012
 - ◆ Submission Portlet can be accessed via the Portal (<http://qualitynet.org/pqrs>) to upload your file(s) created from your EHR system
 - ◆ Specific submission dates will be announced at a future National Provider Call

Steps for 2011 EHR-based Reporting (cont.)



- ◆ Step 5: Upload files to the Portal
 - ◆ Log-in to Portal using your IACS account log-in information
 - ◆ Choose the EHR submission link
 - ◆ Indicate it is a payment file
 - ◆ Upload your EHR files
 - ◇ File uploads are limited to 10 MB 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

Steps for 2011 EHR-based Reporting (cont.)



- ◆ Step 6: Refer to the *Physician Quality Reporting System/eRx Submission User Guide* for further detailed information
 - ◆ www.qualitynet.org/pqrs > User Guides

- ◆ Step 7: EHR Submission Reports will be available for your review via the Portal to determine if there are any data submission issues
 - ◆ Refer to the *Physician Quality Reporting System/eRx Submission Report User Guide* to understand how to run, view, and access these reports through the Portal
 - ◆ Review this report carefully and discuss any issues with your EHR vendor

References



- ◆ Reference documents on the CMS Physician Quality Reporting website:
 - ◆ *2011 EHR Measure Specifications – Alternative Reporting Mechanisms page*
 - ◆ *2011 EHR Reporting Made Simple – Educational Resources page*
- ◆ User Guides located on the Portal sign-in page:
 - ◆ *Physician Quality Reporting System/eRx Submission User Guide*
 - ◆ *Physician Quality Reporting System/eRx Submission Report User Guide*
 - ◆ *Portal User Guide*
 - ◆ *Submission Engine Validation Tool (SEVT) User Guide*
 - ◆ *EHR Submitter Role – Quick Reference Guide*

Resources



- ◆ **CMS Physician Quality Reporting website**
<http://www.cms.gov/PQRS>
- ◆ **CMS eRx Incentive Program website**
<http://www.cms.gov/ERxIncentive>
- ◆ **2011 eRx Final Rule**
<http://www.gpo.gov/fdsys/pkg/FR-2011-06-01/pdf/2011-22629.pdf>
- ◆ **2012 PFS Proposed Rule**
<http://www.gpo.gov/fdsys/pkg/FR-2011-07-19/pdf/2011-16972.pdf>
- ◆ **Frequently Asked Questions**
- ◆ **Medicare and Medicaid EHR Incentive Programs**
<http://www.cms.gov/EHRIncentivePrograms>
- ◆ **Physician Compare**
<http://www.medicare.gov/find-a-doctor/provider-search.aspx>

Need Help?



- ◆ 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 7:00 a.m. to 7:00 p.m. CST Monday through Friday) or via e-mail at qnetsupport@sdps.org (TTY 1-877-715-6222)

IACS Accounts for

EHR SUBMISSION

IACS EHR Accounts



- ◆ Individuals Authorized Access to CMS Computer Services (IACS) account needed for submitting eRx and Physician Quality Reporting data via the Portal
- ◆ Roles available for eligible professionals using the EHR reporting method for their Physician Quality Reporting or eRx data
 - ◆ EHR Submitter
 - ◆ Individual Practitioner

New Accounts



- ◆ Practices paid under an EIN by Medicare Part B are considered an organization with IACS
- ◆ Practices paid under an SSN by Medicare Part B are considered an Individual Practitioner with IACS

New Users: Roles



IACS Organizations:

- ◆ **Security Official (SO):** This role creates the organization, approves roles for other users but will not have access to submit data via the Portal
- ◆ The SO is the first person required to register with IACS for an organization
- ◆ Once the SO has a User ID for IACS, others may register for an account

New Users: Roles (cont.)



- ◆ **Backup Security Official:** This role has the ability to approve roles for other users but will not have access to submit data via the Portal
- ◆ It is not required to have a Backup Security Official

New Users: Roles (cont.)



- ◆ **EHR Submitter:** This role is part of a healthcare organization and is authorized to submit personally identifiable information (PII) to CMS applications

New Users: Roles (cont.)



- ◆ A user within an organization is not allowed to have multiple roles
- ◆ A Security Official/Backup Security Official must approve the EHR Submitter role

New Users: Roles (cont.)



Individual Practitioner:

- ◆ This role is required if the Individual Practitioner would like to submit EHR/PII data
- ◆ The provider is the only user eligible to register for this role with IACS
- ◆ Once the Individual Practitioner account is set up, the provider may request the EHR Submitter role

Available Resources



◆ Contact the QualityNet Help Desk for:

- ◆ Portal password issues
- ◆ Physician Quality Reporting-IACS registration questions
- ◆ Physician Quality Reporting-IACS login issues
- ◆ Program and measure-specific questions

866-288-8912 (7:00 am. – 7:00 p.m. CST M-F)

or qnetsupport@sdps.org

(TTY 877-715-6222)

Available Resources (cont.)



◆ Available Guides:

- ◆ *Obtaining the Security Official Role*
- ◆ *Obtaining the Backup Security Official Role*
- ◆ *Obtaining the Individual Practitioner Role*
- ◆ *Obtaining the EHR Submitter Role*
- ◆ *IACS Account Troubleshooting Issues*

◆ How to find the Guides

- ◆ Posted on the Portal at
<http://www.qualitynet.org/pqrs>

Thank You



- Questions?