

National Provider Call:
**2011 Physician Quality
Reporting System**
(Physician Quality Reporting, formerly PQRI)
and
**Electronic Prescribing (eRx)
Incentive Program**

August 16, 2011

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



◆ CMS Announcements

◆ Presentation

- ◆ 2010 PQRI and eRx Incentive Program payment distribution and instructions for understanding these payments
 - ◇ Remittance Advice information for eligible professionals receiving 2010 PQRI/eRx incentive payments in 2011
- ◆ Overview of the *2010 Feedback Report User Guides* for PQRI/eRx Incentive Program
- ◆ Participation in 2011 eRx Incentive Program
- ◆ Participation in 2011 Physician Quality Reporting System
- ◆ Resources & Who to Contact for Help

◆ Questions & Answers

PQRI = Physician Quality Reporting System (name changed in 2011)

CMS Staff

ANNOUNCEMENTS

CMS Staff

2010 INCENTIVE PAYMENTS

2010 Incentive Payments



- ◆ Eligible professionals who met criteria for successful 2010 eRx reporting and/or satisfactory 2010 PQRI reporting earned separate incentive payments
 - ◆ 2% of total estimated Medicare Part B Physician Fee Schedule (PFS) allowed charges for covered professional services furnished during reporting period

2010 Incentive Payments: Distribution



- ◆ Available this late summer/fall
 - ◆ **eRx:** August–September
 - ◆ **PQRI:** September–October
- ◆ Paid as lump-sum to the Taxpayer Identification Number (TIN) under which the eligible professional's claims were submitted or to the GPRO TIN
 - ◆ TIN decides distribution within practice

2010 Incentive Payments: Understanding



◆ Electronic Remittance Advice (RA)

- ◆ For eligible professionals receiving 2010 eRx/PQRI incentive payments in 2011:
 - ◆ LE indicator appears instead of LS
 - ◆ 4-digit code indicates incentive type/reporting year
 - ◆ 2010 eRx = RX10
 - ◆ 2010 PQRI = PQ10

2010 Incentive Payments: Understanding (cont.)



◆ Paper RA will read:

- ◆ *This is an eRx incentive payment or This is a PQRI incentive payment*
 - ◆ Year not included in paper RA

2010 Incentive Payments: Understanding (cont.)



◆ eRx: See *Guide for Understanding 2010 eRx Incentive Payment*

<http://www.cms.gov/ERxIncentive> >

Analysis and Payment

- ◆ **Step 1:** Apply the completion factor (1.036%)
- ◆ **Step 2:** Identify the reporting period and method (12-months claims, 12-months registry, 12-months EHR)
- ◆ **Step 3:** Calculate incentive for each incentive-eligible TIN/NPI (Add Medicare Part B PFS total estimated allowed charges (x 1.036%) for each TIN/NPI or GPRO TIN, x 0.02)
- ◆ See p. 2-3 for references/definitions



**A Guide for Understanding the
2010 Electronic Prescribing (eRx) Incentive Program
Incentive Payment**
June 20, 2011

This document describes how the 2010 Electronic Prescribing (eRx) Incentive Program incentive payment was calculated for 1) individual eligible professionals, and 2) self-nominated and CMS-selected Group Practice Reporting Option (GPRO) participants.

Individual Eligible Professionals Reporting Using TIN/NPI & Self-Nominated/Selected GPROs Using GPRO Tool Submission Under TIN
<p>Only Medicare Part B claims that contained an individual National Provider Identifier (NPI) were included in the 2010 incentive payment calculation, available August-September 2011 and payable to the Taxpayer Identification Number (TIN).</p> <p>Incentive amounts were calculated using the following steps for each incentive-eligible provider (NPI within a practice [i.e., TIN/NPI]) or incentive-eligible GPRO (TIN). Incentive payments were aggregated for all NPIs within the TIN and distributed at the TIN level in a lump-sum payment. GPRO incentive payments were simply distributed to the TIN.</p>
<p>Step 1: Apply the Completion Factor</p> <ul style="list-style-type: none">• The 2010 Medicare Part B Physician Fee Schedule (PFS) total estimated allowed charges were increased to account for claims submitted by eligible professionals on or before February 25, 2011, but were not included in the National Claims History (NCH) database as final-action claims when the data was obtained for 2010 eRx analyses.• The Completion Factor for the 12-month eRx reporting period is 1.036%.
<p>Step 2: Identification of the Reporting Period and Reporting Method</p> <ul style="list-style-type: none">• Identify the reporting period and method in which the eligible professional or GPRO participated:<ul style="list-style-type: none">○ 12-Months Claims; or○ 12-Months Registry; or○ 12-Months EHR.
<p>Step 3: Calculate the Incentive for Each Incentive-Eligible TIN/NPI</p> <ul style="list-style-type: none">• All Medicare Part B PFS total estimated allowed charges (with the completion factor applicable to the reporting period) on claims for each incentive-eligible TIN/NPI combination or GPRO TIN were identified for inclusion or exclusion (See page 2).• The 2.0% incentive amount was calculated by:<ul style="list-style-type: none">○ Adding Medicare Part B PFS total estimated allowed charges (with the completion factor applied) for each TIN/NPI or GPRO TIN; then○ Multiplying by 0.02, giving the total incentive amount payable to the TIN.

2010 Incentive Payments: Understanding (cont.)



◆ PQRI: See *Guide for Understanding 2010 PQRI Incentive Payment*

<http://www.cms.gov/PQRS> >

Analysis and Payment

- ◆ **Step 1:** Apply the completion factor (1.069%)
- ◆ **Step 2:** Identify the reporting period and method (see list of 12)
 - ◇ Receive incentive for most advantageous reporting for which participant qualified
- ◆ **Step 3:** Calculate incentive for each incentive-eligible TIN/NPI or GPRO TIN (Add Medicare Part B PFS total estimated allowed charges (x 1.069%) for each TIN/NPI, x 0.02)
- ◆ See p. 2-3 for references/definitions


**A Guide for Understanding the
2010 Physician Quality Reporting Initiative (PQRI) Incentive Payment**
June 20, 2011

This document describes how the 2010 PQRI incentive payment was calculated for 1) individual eligible professionals, and 2) self-nominated and CMS-selected Group Practice Reporting Option (GPRO) participants. *Note: The program name changed to Physician Quality Reporting System in 2011.*

Individual Eligible Professionals Reporting Using TIN/NPI & Self-Nominated/Selected GPROs Using GPRO Tool Submission Under TIN
Only Medicare Part B claims that contained an individual National Provider Identifier (NPI) were included in the 2010 incentive payment calculation, available September-October 2011 and payable to the Taxpayer Identification Number (TIN). Incentive amounts were calculated using the following steps for each incentive-eligible provider (NPI within a practice [i.e., TIN/NPI]) or incentive-eligible GPRO (TIN). Incentive payments were aggregated for all NPIs within the TIN and distributed at the TIN level in a lump-sum payment. GPRO incentive payments were simply distributed to the TIN.
Step 1: Apply the Completion Factor
<ul style="list-style-type: none">• The 2010 Medicare Part B Physician Fee Schedule (PFS) total estimated allowed charges were increased to account for claims submitted by eligible professionals on or before February 25, 2011, that were not included in the National Claims History (NCH) database as final-action claims when the data was obtained for 2010 PQRI analyses.• The Completion Factor for the 12-month reporting period is 1.036% and for the 6-month reporting period is 1.069%.
Step 2: Identification of the Reporting Period and Reporting Method
<ul style="list-style-type: none">• Identify the reporting period and method in which the eligible professional or GPRO participated:<ul style="list-style-type: none">○ 12-Months Claims: 80% Individual Measures○ 12-Months Claims: Measures Groups 30-Patient Sample○ 12-Months Claims: 80% Measures Groups○ 6-Months Claims: 80% Individual Measures○ 6-Months Claims: 80% Measures Groups○ 12-Months Registry: 80% Individual Measures○ 12-Months Registry: Measures Groups 30-Patient Sample○ 12-Months Registry: 80% Measures Groups○ 6-Months Registry: 80% Individual Measures○ 6-Months Registry: 80% Measures Groups○ 12-Months EHR: 80% Individual Measures○ 12-Months GPRO: Data Abstraction Tool• In the event an individual eligible professional achieves satisfactory reporting under more than one method (not applicable to GPRO), the TIN/NPI will receive a single lump-sum incentive payment for the most advantageous reporting for which the eligible professional qualified. The incentive payment is equivalent to 2.0% of 2010 Medicare Part B PFS total estimated allowed charges for the covered professional services furnished to Medicare Part B beneficiaries.
Step 3: Calculate the Incentive for TIN
<ul style="list-style-type: none">• All Medicare Part B PFS total estimated allowed charges (with the completion factor applicable to the reporting period) on claims for each incentive-eligible TIN/NPI combination or GPRO TIN were identified for inclusion or exclusion (See page 2).• The 2.0% incentive amount was calculated by:<ul style="list-style-type: none">○ Adding 2010 Medicare Part B PFS total estimated allowed charges (with the completion factor applied) for each TIN/NPI or GPRO TIN; then○ Multiplying by 0.02, giving the total incentive amount payable to the TIN.

CMS Staff

2010 FEEDBACK REPORTS

2010 Feedback Reports: Availability



- ◆ As closely as possible to 2010 incentive payments
 - ◆ eRx: August-September 2011
 - ◆ PQRI: September-October 2011
 - ◆ On Physician and Other Health Care Professionals Quality Reporting Portal (Portal) at <http://www.qualitynet.org/pqri>
 - ◆ Use “Verify Report Portlet” look-up tool at <http://www.qualitynet.org/pqri> to see if report exists for organization’s TIN or a National Provider Identifier (NPI)
 - ◆ TIN or NPI must be the one used by the eligible professional to submit Medicare claims and valid quality-data codes (QDCs)

QualityNet

Related Links

- +
- +
- +
- +

Guest Instructions

Welcome to the Physician and Other Health Care Professionals Quality Reporting Portal. Please click on the Sign In button located in the center of the page.

User Guides

- PQRI Portal User Guide
- PQRI/eRx SEVT User Guide
- PQRI/eRx Submission User Guide
- PQRI/eRx Submission Report User Guide
- 2009 PQRI Feedback Report User Guide
- 2009 eRx Feedback Report User Guide

Verify Report Portlet

This tool is used to verify if a feedback report exists for your organization's TIN or NPI.

NOTE: The TIN or NPI must be the one used by the eligible professional to submit Medicare claims and valid PQRI quality data codes.

TIN NPI

TIN: e.g. 01-2123234 or 012123234
NPI: e.g. 0121232345

Guest Announcement

Information in the Taxpayer Identification Number (Tax ID or TIN-level) PQRI feedback reports is confidential. Your report is safely stored online and accessible only to you (and those you authorize) through the web application. TIN-level reports should be shared only with others within the practice who have a vested interest in the summarized quality data. Sharing of other PQRI participants' information is acceptable only if the individual EP has authorized the TIN to do so. 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.

Physician and Other Health Care Professionals Quality Reporting Portal

to your Portal

If you do not have an account, please [register](#).

[Forgot your password?](#)

For assistance with new & existing IACS accounts, review the [Quick Reference Guides](#).

Notice: If you have not used your IACS account within the past 60 days or more, your account has been temporarily disabled as required by the CMS security policy. You should have received an e-mail at the e-mail address associated with your IACS account profile instructing you how to get your account re-enabled. If you need further assistance, please contact the QualityNet Help Desk at 1-866-288-8912, or qnetupport@edps.org.

For support, please contact the QualityNet Help Desk at 866-288-8912, TTY 877-715-6222, or via email at qnetupport@edps.org

QualityNet Help Desk | Accessibility Statement | Privacy Policy | Terms of Use

2010 Feedback Reports: Availability (cont.)



◆ If 2010 feedback report available for TIN/NPI, use:

1) Individuals Authorized Access to CMS Computer Services (IACS):

Log on to secure Portal on QualityNet at

<http://www.qualitynet.org/pqri> to access feedback report(s)

- ◆ Portal access requires registration in IACS system to obtain user ID and password
 - ◆ Review **IACS Quick Reference Guides** on the Portal at https://www.qualitynet.org/portal/server.pt/community/pqri_home/212# prior to beginning the IACS new user registration process
 - ◆ New User Registration Menu for CMS Applications is at <https://idm.cms.hhs.gov/idm/user/newregistration.jsp>
 - **Note:** Any person registering for an IACS account to access program feedback reports is allowed one account - this person is the only one allowed to register for an account (someone cannot set it up for them) and must use his/her own e-mail address when registering

2010 Feedback Reports: Availability (cont.)



IACS (cont.)

- ◇ Provider enrollment information must be current in the Medicare Provider Enrollment Chain and Ownership System (PECOS) in order to request IACS account
 - ◇ See <http://www.cms.gov/MedicareProviderSupEnroll>
 - ◇ For PECOS issues, contact **External User Services (EUS) Help Desk** from 7:00 a.m.-7:00 p.m. ET at 1-866-484-8049 (TTY 1-866-523-4759) or EUSsupport@cgi.com
- ◇ Contact the **QualityNet Help Desk** with any IACS or Portal issues: **1-866-288-8912** or TTY 1-866-523-4759 (Monday - Friday 7:00 a.m.-7:00 p.m. CST) or via e-mail at qnetsupport@sdps.org

2010 Feedback Reports: Availability (cont.)



2) **Alternative Feedback Report Fulfillment Method:**

Call Carrier/Medicare Administrative Contractor (MAC) provider contact center to request confidential 2010 individual NPI feedback reports

- ◆ If eligible professional reported individually as part of a group practice (not a GPRO), each eligible professional in group practice must request individual NPI feedback report
- ◆ Method not applicable to GPROs (only have GPRO TIN-level feedback reports)
- ◆ See list of Provider Contact Centers
<http://www.cms.gov/MLNProducts/Downloads/CallCenterTollNumDirectory.zip>
- ◆ See MLN SE0922
<http://www.cms.gov/MLNMattersArticles/downloads/SE0922.pdf>
- ◆ In addition to eRx/PQRI information, these reports provide individual's Medicare Part B Physician Fee Schedule (PFS) allowed charges for 2010 eRx reporting period, upon which incentive payment is based
- ◆ Once available and requested, allow 2-4 weeks for receipt via e-mail

2010 Feedback Reports: Availability (cont.)



◆ Formats available:

◆ TIN-level feedback report

- ◆ Adobe® PDF
- ◆ Excel® 2007
- ◆ .csv

◆ NPI-level feedback report

- ◆ Adobe® PDF
- ◆ Excel® 2007

◆ Can download Excel® Viewer or Compatibility Pack® from Microsoft without having to upgrade an older Office version (if provider does not have Microsoft® Office 2007)

- ◆ Google™ Docs program will also open Microsoft® Office

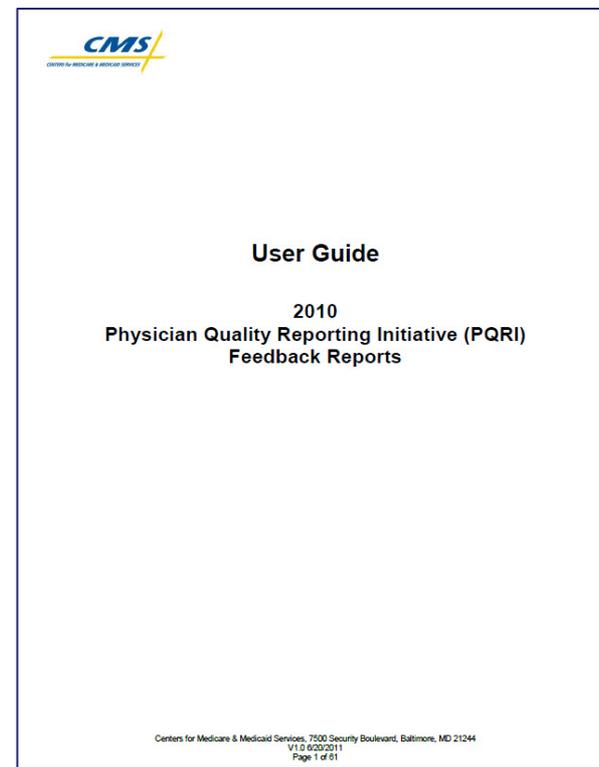
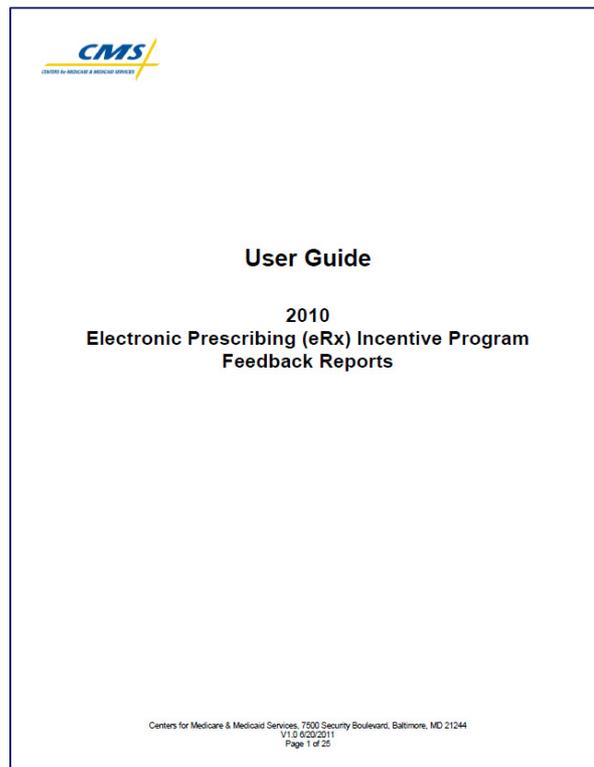
Adobe®, the Adobe logo, and Acrobat are registered trademarks or trademarks of Adobe Systems Incorporated in the United States and/or other countries.
Microsoft® Office, Excel 2007, Excel Viewer, and Compatibility Tool are registered trademarks of the Microsoft Corporation.
Google Docs™ program is a registered trademark of Google

2010 Feedback Reports: Understanding



◆ Resources

- ◆ See ***A Guide for Understanding the 2010 eRx Feedback Report***
<http://www.cms.gov/eRxIncentive> > Analysis and Payment > Downloads
- ◆ See ***A Guide for Understanding the 2010 PQRI Feedback Report***
<http://www.cms.gov/PQRS> > Analysis and Payment > Downloads



2010 Feedback Reports: Understanding (cont.)



◆ Report overview

- ◆ Feedback reports compiled at TIN level, with individual-level reporting (by NPI) information for each eligible professional who reported at least one valid quality-data code (QDC) on a claim submitted under that TIN for services furnished during reporting period
 - ◆ GPROs will only have a GPRO TIN-level feedback report
- ◆ Includes information on reporting rates and incentives earned by individual eligible professionals, with summary information on reporting success and incentives earned at practice (TIN) level

2010 Feedback Reports: Understanding (cont.)



◆ System requirements

◆ Compatible operating system

- ◆ Any operating system, such as Microsoft® Windows XP Professional or Microsoft® Vista, should be compatible, as long as Internet browser available
- ◆ Recommend 166 MHZ Pentium processor with minimum 125 MB free disk space, 32 MB RAM

◆ Software

- ◆ Microsoft® Internet Explorer 6.0 and above, Mozilla® Firefox 2.0 and above, or Apple® Safari 2.0 and above
- ◆ Sun® Java Runtime Environment (JRE) 1.6x or higher
- ◆ Adobe® Acrobat® Reader 5.0 and above

◆ Internet connection and download time

- ◆ Accessible via any Internet connection running on minimum 33.6k modem or high-speed connection
- ◆ Possible that some reports may be as large as 15MB
- ◆ Downloading large report files may require additional time

2010 Feedback Reports: Understanding (cont.)



◆ Report content and appearance

- ◆ Report generated for each TIN with at least one eligible professional reporting a valid QDC or for each GPRO TIN
- ◆ TIN-level report only accessible by TIN
 - ◆ Up to TIN to distribute information in Tables 2-3 (eRx) or 2-4 (PQRI) if applicable
- ◆ Length of report depends on number of participants
- ◆ Shows total incentive payment amount calculated
- ◆ Notes breakdown of each individual NPI and earned incentive amount
- ◆ **Caution:** Report may contain a partial or "masked" Social Security Number/Social Security Account Number as part of the TIN field
 - ◆ Care should be taken in handling and distribution of this report to protect privacy of individual practitioner with which the SSN is potentially associated

2010 Feedback Reports: Understanding (cont.)



◆ Report content and appearance (cont.)

◆ eRx includes:

- ◆ *Table 1: Earned Incentive Summary for Taxpayer Identification Number (Tax ID)*
- ◆ *Table 2: NPI Reporting Detail*
- ◆ *Table 3: NPI QDC Submission Error Detail*

◆ PQRI includes:

- ◆ *Table 1: Earned Incentive Summary for Taxpayer Identification Number (Tax ID)*
- ◆ *Table 2: NPI Reporting Detail*
- ◆ *Table 3: NPI QDC Submission Error Detail*
- ◆ *Table 4: NPI Performance Detail*

◆ *Guide* includes Appendix with definitions

CMS Staff

IT'S NOT TOO LATE FOR 2011 eRx INCENTIVE PROGRAM

2011 eRx Incentive Program Yes, You Still Have Time!



- ◆ eRx...It's not too late to start participating in the 2011 Electronic Prescribing (eRx) Incentive Program and potentially qualify to receive a full-year incentive payment
- ◆ Eligible professionals may begin reporting eRx at any time throughout the 2011 program year (January 1-December 31, 2011) to be incentive eligible
- ◆ eRx is a separate incentive program from Physician Quality Reporting, with different reporting requirements
 - ◆ **To successfully meet reporting criteria and be considered incentive eligible, individual eligible professionals must report the eRx measure at least 25 times** (for eligible patient encounters)
and
 - ◆ Medicare Part B PFS allowed charges for services in the eRx measure's denominator must be comprised of **10%** or more of the eligible professional's total 2011 estimated allowed charges

Determining Participation:

Step 1



- ◆ Determine whether or not you are eligible to participate in the program. A list of professionals who are eligible and able to receive an incentive for participating the eRx Incentive Program is available on the CMS eRx website at:

<http://www.cms.gov/ERXincentive>

Determining Participation: Step 2



- ◆ Review the *2011 eRx Measure Specification*, which is available as a downloadable document in the eRx Measure section of the CMS eRx website, to determine if this measure applies to your practice

Determining Participation: Step 3



- ◆ Determine if your practice has the resources needed to participate:
 - ◆ Do you have a “qualified” eRx system/program that is being used routinely?
 - ◆ Generates a complete active medication list incorporating electronic data received from applicable pharmacies and pharmacy benefit managers (PBMs), if available
 - ◆ Selects medications, prints prescriptions, electronically transmits prescriptions, and conducts all alerts (defined below)
 - ◆ Provides information related to lower-cost, therapeutically appropriate alternatives, if any (the availability of an eRx system to receive tiered formulary information would meet this requirement for 2010)
 - ◆ Provides information on formulary or tiered formulary medications, patient eligibility, and authorization requirements received electronically from the patient’s drug plan, if available
 - ◆ Note: All functionalities must be enabled

Determining Participation:

Step 3 (cont.)



- ◇ Do you expect your Medicare Part B PFS charges for the codes in the denominator of the measure (listed below) to make up at least 10% of your total Medicare Part B PFS allowed charges for 2011?
 - ◆ Current Procedural Terminology (CPT) or Healthcare Common Procedure Coding System (HCPCS) G-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, 99345, 99347, 99348, 99349, 99350, G0101, G0108, G0109

Reporting eRx



- ◆ Once you have decided to participate in the 2011 eRx Incentive Program, follow these steps when reporting the measure:
 - ◆ Bill one of the CPT or HCPCS G-codes noted on slide 32 for the patient you are seeing
 - ◆ Report the following G-code (or numerator code) on the claim form that is submitted for the Medicare patient visit:
 - ◆ G8553 - At least one prescription created during the encounter was generated and transmitted electronically using a qualified eRx system

Helpful Hints for Reporting



- ◆ Electronically generated refills not associated with an eligible patient visit do not count and faxes do not qualify as eRx
- ◆ New prescriptions not associated with a code in the denominator of the measure specification are not accepted as an eligible patient visit and do not count toward the minimum 25 unique eRx events
- ◆ If multiple prescriptions are electronically prescribed at one eligible patient visit, this only counts as one eRx event

CMS Staff

IT'S NOT TOO LATE FOR 2011 PHYSICIAN QUALITY REPORTING SYSTEM

2011 Physician Quality Reporting Yes, You Still Have Time!



- ◆ It's not too late to start participating in 2011 Physician Quality Reporting and potentially qualify to receive an incentive payment
- ◆ A new 6-month reporting period began on July 1
- ◆ You can begin reporting data for July 1-December 31, 2011 using any of these 4 options:
 - ◆ **Claims-based reporting** of individual measures (6 months) – report 50% or more of applicable Medicare Part B FFS patients on at least 3 individual measures OR on each measure if less than 3 measures apply to the eligible professional
 - ◆ **Claims-based reporting** of one measures group for 50% or more of applicable Medicare Part B FFS patients of each eligible professional (with a minimum of 8 patients) (6 months)
 - ◆ **Registry-based reporting** of at least 3 individual Physician Quality Reporting measures for 80% or more of applicable Medicare Part B FFS patients of each eligible professional (6 months)
 - ◆ **Registry-based reporting** of one measures group for 80% or more of applicable Medicare Part B FFS patients of each eligible professional (with a minimum of 8 patients) (6 months)

2011 Physician Quality Reporting Yes, You Still Have Time! (cont.)



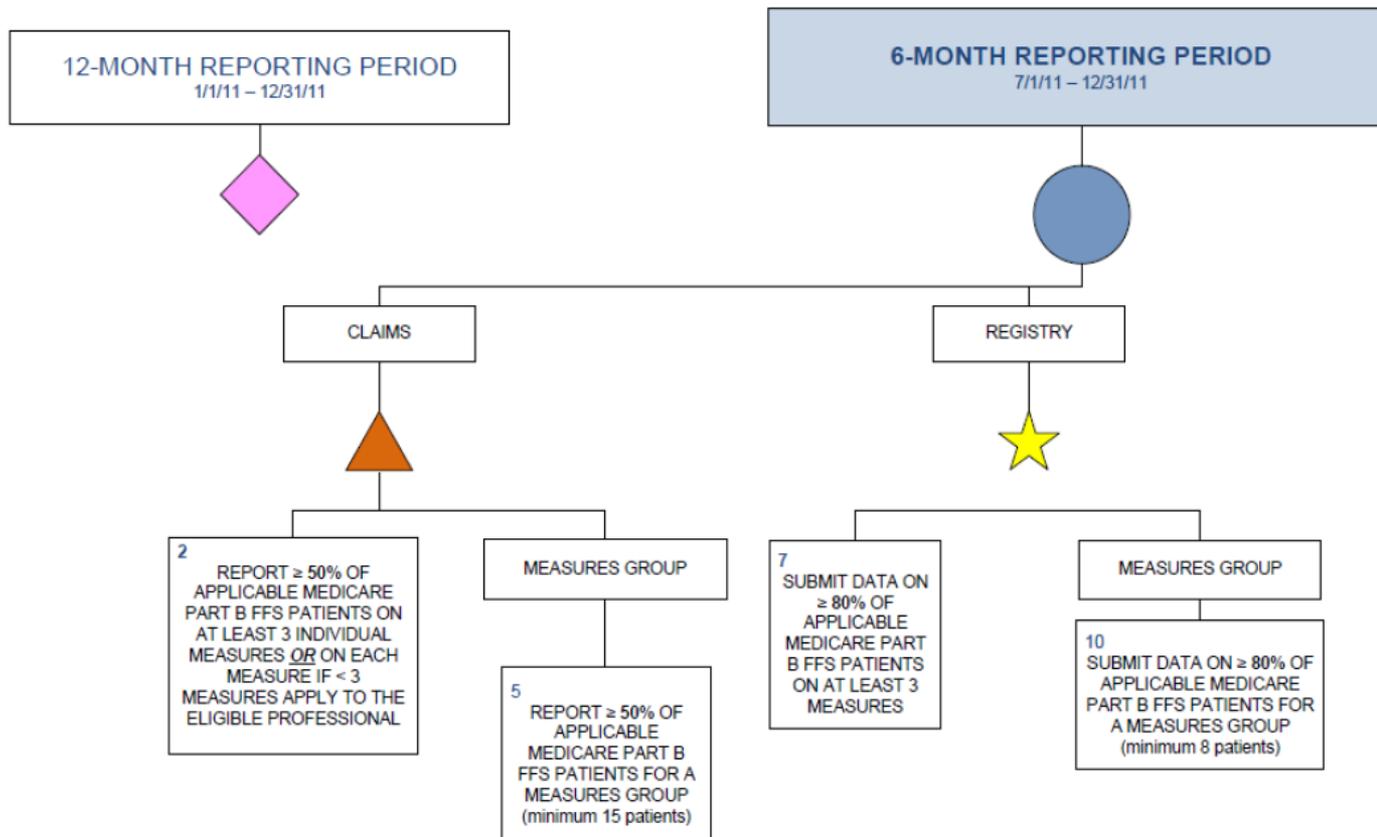
- ◆ Other possibilities
 - ◆ Several patient-level measures in the program only need to be reported once per patient per reporting period
 - ◆ Find an applicable measures group that could be reported via registry for a potential 12-month incentive (registry-based reporting of 1 measures group for 30 patients)
- ◆ See *2011 Physician Quality Reporting System Measures List* and *2011 Implementation Guide – Decision Tree (Appendix C)* for specifics
- ◆ List of qualified registries is posted on CMS website http://www.cms.gov/PQRS/20_AlternativeReportingMechanisms.asp

2011 Decision Tree (cont.)

I WANT TO PARTICIPATE IN 2011 PHYSICIAN QUALITY REPORTING FOR INCENTIVE PAYMENT

SELECT REPORTING METHOD

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



Background



- ◆ Physician Quality Reporting is a voluntary reporting program that began in 2007 (originally called PQRI)
- ◆ Eligible professionals (or selected group practices) who satisfactorily report data on quality measures for covered Physician Fee Schedule (PFS) services furnished to Medicare Part B beneficiaries will qualify to earn an incentive payment
 - ◆ The incentive is a percentage of the eligible professional's (or group's) estimated total Medicare Part B PFS allowed charges
- ◆ Over time, the program has expanded the number of measures and reporting options to facilitate quality reporting by a broad array of eligible professionals

2011 Quality Measures



- ◆ Eligible professionals can choose whether to report individual quality measures or a group of related measures (aka “measures groups”)
- ◆ 194 individual measures, including 44 registry-only measures, 20 measures for EHR-based reporting, and 20 new measures
- ◆ 14 measures groups: Diabetes Mellitus, CKD, Preventive Care, CABG, Rheumatoid Arthritis, Perioperative Care, Back Pain, CAD, HF, IVD, Hepatitis C, HIV/AIDS, CAP, and Asthma (new)
 - ◆ Registry-only includes: CABG, CAD, HF, & HIV/AIDS
 - ◆ Back Pain measures group are reportable as a measures group only

Helpful Hints for Reporting



- ◆ Determine if you are eligible to participate
 - ◆ See <http://www.cms.gov/PQRS> > Overview > Downloads
- ◆ Review the *2011 Physician Quality Reporting System Measures List*, and determine which measures apply to practice
 - ◆ To help select measures, search for billed codes:
 - ◇ *Single Source Master Code Table* (claims/registry for individual measures)
- ◆ Understand the measures and how to report them!
- ◆ Claims processed by the Carrier/MAC must reach the national Medicare claims system data warehouse (National Claims History file) by **February 24, 2012** to be included in the analysis
 - ◆ Claims for services furnished toward the end of the reporting period should be filed promptly
 - ◆ For claims-based reporting, claims that are resubmitted only to add QDCs will not be included in the analysis
 - ◆ Review RA notices from Carrier/MAC to ensure receipt of N365 remark code for each QDC submitted
 - ◇ N365 indicates, "This procedure code is not payable. It is for reporting/information purposes only."

More Helpful Hints



- ◆ If reporting using claims, ensure billing software and clearing-house can capture all the codes and associated modifiers used in Physician Quality Reporting for the measures selected
 - ◆ Discuss with vendors if applicable
 - ◆ Submitted charge field cannot be left blank (use \$0.00 if able or a nominal amount such as a penny)
- ◆ Review reporting principles (if using claims) and specifications for each measure or measures group selected
- ◆ Begin reporting on appropriate Medicare Part B FFS patients via CMS-1500 form or electronically
- ◆ Or submit through a qualified registry (work with registry on specifics)

CMS Staff

RESOURCES & WHO TO CALL FOR HELP

Resources



- ◆ **CMS Physician Quality Reporting website**
<http://www.cms.gov/PQRS>
- ◆ **CMS eRx Incentive Program website**
<http://www.cms.gov/ERxIncentive>
- ◆ **2012 PFS Proposed Rule**
http://www.ofr.gov/OFRUpload/OFRData/2011-16972_PI.pdf
- ◆ **eRx Proposed Rule**
http://www.cms.gov/ERxIncentive/04_Statute_Regulations.asp >
Downloads or directly at <http://www.gpo.gov/fdsys/pkg/FR-2011-06-01/pdf/2011-13463.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>

Where to Call for Help



◆ QualityNet Help Desk:

- ◆ Portal password issues
- ◆ PQRI/eRx feedback report availability and access
- ◆ IACS registration questions
- ◆ IACS login issues
- ◆ Program and measure-specific questions

866-288-8912 (TTY 877-715-6222)

7:00 a.m.–7:00 p.m. CST M-F or gnetssupport@sdps.org

You will be asked to provide basic information such as name, practice, address, phone, and e-mail

◆ Provider Contact Center:

- ◆ Questions on status of 2010 eRx/PQRI incentive payment (during distribution timeframe)
- ◆ See *Contact Center Directory* at <http://www.cms.gov/MLNProducts/Downloads/CallCenterTollNumDirectory.zip>

◆ EHR-ARRA Information Center:

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

CMS Staff

QUESTIONS & ANSWERS