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

August 16, 2011
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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)
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ANNOUNCEMENTS
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
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
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
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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](http://www.qualitynet.org/pqri)
- Use “Verify Report Portlet” look-up tool at [http://www.qualitynet.org/pqri](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)
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
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](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](mailto: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](mailto:qnetsupport@sdps.org)
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
- See MLN SE0922
- 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

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2010 Feedback Reports: Understanding

Resources

- See *A Guide for Understanding the 2010 eRx Feedback Report*
  [http://www.cms.gov/eRxIncentive](http://www.cms.gov/eRxIncentive) > Analysis and Payment > Downloads

- See *A Guide for Understanding the 2010 PQRI Feedback Report*
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
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
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
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
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
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.
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)
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

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)

12-MONTH REPORTING PERIOD
1/1/11 – 12/31/11

6-MONTH REPORTING PERIOD
7/1/11 – 12/31/11

CLAIMS

2. REPORT ≥ 50% OF APPLICABLE MEDICARE PART B FFS PATIENTS ON AT LEAST 3 INDIVIDUAL MEASURES OR ON EACH MEASURE IF < 3 MEASURES APPLY TO THE ELIGIBLE PROFESSIONAL

REGISTRY

5. REPORT ≥ 50% OF APPLICABLE MEDICARE PART B FFS PATIENTS FOR A MEASURES GROUP (minimum 15 patients)

7. SUBMIT DATA ON ≥ 80% OF APPLICABLE MEDICARE PART B FFS PATIENTS FOR A MEASURES GROUP

10. SUBMIT DATA ON ≥ 80% OF APPLICABLE MEDICARE PART B FFS PATIENTS FOR A MEASURES GROUP (minimum 8 patients)
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
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)
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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
- eRx Proposed Rule
  http://www.cms.gov/ERxIncentive/04_Statute_Regulations.asp >
- Frequently Asked Questions
- Medicare and Medicaid EHR Incentive Programs
  http://www.cms.gov/EHRIncentivePrograms
- Physician Compare
Where to Call for Help

 qualidade 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 qnetsupport@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)