

# ***National Provider Call:***

## **Physician Quality Reporting System**

**(Physician Quality Reporting, previously known as PQRI)**

**and**

## **Electronic Prescribing (eRx) Incentive Program**

December 13, 2010

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# Agenda



## ◆ CMS Updates/Announcements

## ◆ Presentation

- ◆ eRx Incentive Program – Future Payment Adjustments
- ◆ 2011 Physician Quality Reporting System Measures
- ◆ Upcoming Deadlines
- ◆ 2012 Call for Measures

## ◆ Question and Answer Session

# eRx Incentive Program – Future Payment Adjustments

# What is eRx?



- ◆ eRx is the transmission of prescriptions or prescription-related information through electronic media
- ◆ eRx takes place between a prescriber, dispenser, pharmacy benefit manager, or health plan
  - ◆ Can take place directly or through an intermediary (eRx network)

# What is the Medicare eRx Incentive Program?



- ◆ The Medicare Improvements for Patients and Providers Act of 2008 (MIPPA) authorized the Medicare eRx Incentive Program beginning in 2009 to promote adoption/use of eRx systems
- ◆ Provides a combination of incentives and payment adjustments for individual eligible professionals and group practices who are “successful electronic prescribers”
- ◆ See <http://www.cms.gov/ERXincentive>

# eRx Payment Adjustments Planned for Future



- ◆ Per legislation, payment adjustments may occur for not being a successful electronic prescriber
  - ◆ Applies whether or not eligible professional is planning to participate in eRx Incentive Program
  - ◆ Requirements apply to determine if payment adjustment will/will not be levied, not to determine incentive eligibility
    - ◆ 2012 – receive 99% of eligible professional’s (or group practice’s) Part B covered professional services
    - ◆ 2013 – receive 98.5%

# 2012 eRx Payment Adjustment



- ◆ The PFS amount for covered professional services furnished by an eligible professional (or group practice) who is not a successful electronic prescriber will be reduced by 1% in 2012 (or receive 99%)
- ◆ Reporting Period: January 1 – June 30, 2011
- ◆ Reporting Mechanism: Claims
  - ◆ Payment adjustment does not apply if <10% of an eligible professional's (or group practice's) allowed charges for the January 1 – June 30, 2011 reporting period are comprised of codes in the denominator of 2011 eRx measure
- ◆ Earning an eRx incentive (25 unique eRx events for between January 1 and December 31, 2011) for 2011 will not exempt an eligible professional or group practice from the payment adjustment (must have 10 unique eRx events between January 1 – June 30, 2011)



# How an Individual Eligible Professional Can Avoid 2012 eRx Payment Adjustment



## ◆ The eligible professional:

- ◆ is not a physician (MD, DO, or podiatrist), nurse practitioner, or physician assistant as of June 30, 2011
  - Based on primary taxonomy code in NPPES or
  - The eligible professional reports the G-code indicating that (s)he does not have prescribing privileges at least once **on a claim(s)** prior to June 30, 2011 (G8644)
- ◆ does not have at least 100 cases containing an encounter code in the measure denominator
- ◆ does not meet the 10% denominator threshold
- ◆ becomes a successful electronic prescriber
  - Report the eRx measure for at least 10 unique eRx events for patients in the denominator of the measure

# How a Group Practice Can Avoid 2012 eRx Payment Adjustment



- ◆ For group practices participating in eRx GPRO I or GPRO II during 2011, the group practice must become a successful electronic prescriber
  - ◆ Depending on the group's size, report the eRx measure on 75-2,500 unique eRx events for patients in the denominator of the measure for services occurring between January 1 and June 30, 2011

# Hardship Exemption for eRx Payment Adjustment



- ◆ CMS may, on a case-by-case basis, exempt an eligible professional from the application of the eRx payment adjustment if compliance with the requirement for being a successful electronic prescriber would result in a significant hardship
- ◆ This exemption is subject to annual renewal
- ◆ For the 2012 eRx payment adjustment, the following circumstances would constitute a hardship:
  - ◆ The eligible professional practices in rural area with limited high-speed internet access, or
  - ◆ The eligible professional practices in an area with limited available pharmacies for electronic prescribing

# Hardship Exemption for eRx Payment Adjustment (cont.)



- ◆ G-codes have been created to address two hardship circumstances (G8642 and G8643)
- ◆ To request a hardship exemption for 2012 payment adjustment:
  - ◆ An eligible professional must report the appropriate G-code **on at least 1 claim** prior to June 30, 2011
  - ◆ A group practice must submit this request at the time it self-nominates to participate in eRx GPRO I or GPRO II

# 2013 eRx Payment Adjustment



- ◆ The PFS amount paid in 2013 for covered professional services furnished by an eligible professional (or group practice) who is not a successful electronic prescriber will be reduced by 1.5% (in 2013); the professional or group practice will receive 98.5% of the 2013 PFS covered service amount
- ◆ The reporting period used to determine those who are subject to the payment adjustment will occur *before* 2013
- ◆ An eligible professional or group practice who is a successful electronic prescriber for the 2011 eRx incentive (i.e., 25 unique eRx events in 2011 for an individual or the requisite number of eRx events for the specific group practice size) will be considered exempt from the 2013 payment adjustment

# eRx Payment Adjustment (cont.)



## ◆ Summary

- ◆ Beginning in 2012, those identified as not “successful electronic prescribers” may be subject to a payment adjustment
  - ◆ Ensure submission of required number of eRxs before June 30, 2011 OR one of the hardship G-codes to avoid payment adjustment in 2012
  - ◆ Ensure specialty information is correct in NPPES
  - ◆ Need a “qualified” eRx system to participate (see <http://www.cms.gov/ERXincentive>)
  - ◆ Only way to report eRx to avoid the payment adjustment is claims but to be incentive eligible you can use claims, a qualified EHR or registry
  - ◆ Check for state-specific eRx requirements; all states allow eRx, but some have certain regulatory requirements
  - ◆ It is possible to receive an eRx incentive payment for 2011 AND also an eRx payment adjustment for 2012

# Where to Call for Help



## ◆ Contact the **QualityNet Help Desk** for:

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

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

or [qnetsupport@sdps.org](mailto:qnetsupport@sdps.org)

(TTY 877-715-6222)

# eRx Resources



- ◆ Visit the *How to Get Started* section of the CMS eRx Incentive Program website at <http://www.cms.gov/ERXincentive> for documents with additional information regarding getting started with electronic prescribing
  - ◆ *2011 eRx Incentive Program Made Simple Fact Sheet*
  - ◆ *What's New for 2011 eRx Incentive Program*
  - ◆ Link to Frequently Asked Questions



# 2011 Physician Quality Reporting System Measures

# 2011 Physician Quality Reporting System Measures



## ◆ Retirement of 5 measures:

◆ #114

◆ #115

◆ #136

◆ #139

◆ #174

# 2011 Physician Quality Reporting System Measures (cont.)



- ◆ 194 measures, including
  - ◆ 5 new measures for claims and registry reporting
  - ◆ 11 new registry-only measures
  - ◆ 4 new measures for EHR-based reporting only

# 2011 Physician Quality

## Reporting System Measures (cont.)



- ◆ 20 EHR measures
- ◆ 14 measures groups
  - ◆ Diabetes Mellitus
  - ◆ Chronic Kidney Disease (CKD)
  - ◆ Preventive Care
  - ◆ Rheumatoid Arthritis
  - ◆ Perioperative Care
  - ◆ Back Pain
  - ◆ Hepatitis C
  - ◆ Ischemic Vascular Disease (IVD)
  - ◆ Community-Acquired Pneumonia (CAP)
  - ◆ Asthma (new)
  - ◆ Coronary Artery Bypass Graft (CABG) (registry only)
  - ◆ Heart Failure (HF) (registry only)
  - ◆ Coronary Artery Disease (CAD) (registry only)
  - ◆ HIV/AIDS (registry only)

# 2011 Criteria for Satisfactory Reporting of Individual Measures



| Reporting Mechanism(s) | Reporting Period(s)  | Criteria for Satisfactory Reporting of Individual Measures   |
|------------------------|--|--|
| Claims                 | Jan 1, 2011-<br>Dec 31, 2011<br><br>or<br><br>Jul 1, 2011-<br>Dec 31, 2011 | Report at least 3 Physician Quality Reporting System measures, (or 1-2 measures if fewer than 3 apply*); and<br><br>Report each measure for at least 50% of applicable Medicare Part B FFS patients seen during the reporting period<br><b>(revised)</b> |

\*Eligible professionals who report on fewer than 3 measures may be subject to the Measure Applicability Validation process.

# 2011 Criteria for Satisfactory Reporting Individual Measures (cont.)



| Reporting Mechanism(s) | Reporting Period(s)   | Criteria for Satisfactory Reporting of Individual Measures  |
|------------------------|---|---|
| Registry               | Jan 1, 2011 - Dec 31, 2011<br><br>or<br><br>Jul 1, 2011- Dec 31, 2011 | Report at least 3 Physician Quality Reporting System measures*; and<br><br>Report each measure for at least 80% of applicable Medicare Part B FFS patients seen during the reporting period     |
| EHR                    | Jan 1, 2011- Dec 31, 2011   | Report at least 3 Physician Quality Reporting System EHR measures*; and<br><br>Report each measure for at least 80% of applicable Medicare Part B FFS patients seen during the reporting period |

\*Measures with a 0% performance rate will not be counted (**new**)

# 2011 Criteria for Satisfactory Reporting of Measures Groups



| Reporting Mechanism(s) | Reporting Period(s)          | Criteria for Satisfactory Reporting of Measures Groups  |
|------------------------|------------------------------|---|
| Claims or Registry     | Jan 1, 2011-<br>Dec 31, 2011 | Report at least 1 Physician Quality Reporting System measures group*;<br>and<br><br>Report each measures group for at least 30 Medicare FFS patients seen during the reporting period** |

\*For registry-based reporting, measures groups with a 0% performance rate will not be counted **(new)**

\*\*Eligible professionals reporting measures groups using the registry-based reporting mechanism will no longer be able to report on non-Medicare FFS patients **(new)**

# 2011 Criteria for Satisfactory Reporting of Measures Groups (cont.)



| Reporting Mechanism(s) | Reporting Period             | Criteria for Satisfactory Reporting of Measures Groups  |
|------------------------|------------------------------|---|
| Claims                 | Jan 1, 2011-<br>Dec 31, 2011 | Report at least 1 Physician Quality Reporting System measures group;<br><br>Report each measures group for at least 50% of applicable Medicare Part B FFS patients seen during the reporting period ( <b>revised</b> ); and<br><br>Report each measures group for at least 15 Medicare Part B FFS patients seen during the reporting period |



# 2011 Criteria for Satisfactory Reporting of Measures Groups (cont.)



| Reporting Mechanism(s) | Reporting Period             | Criteria for Satisfactory Reporting of Measures Groups   |
|------------------------|------------------------------|--|
| Claims                 | Jul 1, 2011-<br>Dec 31, 2011 | Report at least 1 Physician Quality Reporting System measures group;<br><br>Report each measures group for at least 50% of applicable Medicare Part B FFS patients seen during the reporting period ( <b>revised</b> ); and<br><br>Report each measures group for at least 8 Medicare Part B FFS patients seen during the reporting period |

# 2011 Criteria for Satisfactory Reporting of Measures Groups (cont.)



| Reporting Mechanism(s) | Reporting Period(s)          | Criteria for Satisfactory Reporting of Measures Groups   |
|------------------------|------------------------------|--|
| Registry               | Jan 1, 2011-<br>Dec 31, 2011 | <p>Report at least 1 Physician Quality Reporting System measures group*;</p> <p>Report each measures group for at least 80% of applicable Medicare Part B FFS patients seen during the reporting period; and</p> <p>Report each measures group for at least 15 Medicare Part B FFS patients seen during the reporting period</p> |

\*Measures groups with a 0% performance rate will not be counted (**new**)

# 2011 Criteria for Satisfactory Reporting of Measures Groups (cont.)



| Reporting Mechanism(s) | Reporting Period(s)          | Criteria for Satisfactory Reporting of Measures Groups  |
|------------------------|------------------------------|---|
| Registry               | Jul 1, 2011-<br>Dec 31, 2011 | <p>Report at least 1 Physician Quality Reporting System measures group*;</p> <p>Report each measures group for at least 80% of applicable Medicare Part B FFS patients seen during the reporting period; and</p> <p>Report each measures group for at least 8 Medicare Part B FFS patients seen during the reporting period</p> |

\*Measures groups with a 0% performance rate will not be counted **(new)**

# Physician Quality Reporting System Resources



- ◆ Visit the *How to Get Started* section of the CMS Physician Quality Reporting System website at <http://www.cms.gov/pqri>
  - ◆ *2011 Measures List, Measures Specifications*
  - ◆ *2011 Implementation Guide*
  - ◆ *What's New for 2011*
  - ◆ Link to Frequently Asked Questions
- ◆ Reminder: Be sure to use the measure specifications for the correct program year and method of reporting!

# Upcoming Deadlines

# Requirements: Registry, EHR Vendor, Group Practice, Maintenance of Certification Program



- ◆ CMS posts specific requirements and timelines for entities wanting to become
  - ◆ a qualified registry
  - ◆ a qualified EHR vendor
  - ◆ a selected Group Practice Reporting Option (GPRO)
  - ◆ a Maintenance of Certification Program
- ◆ Requirements are on the Alternative Reporting Mechanism section of the CMS Physician Quality Reporting System (previously known as PQRI) and eRx Incentive Program websites
  - ◆ <http://www.cms.gov/pqri>
  - ◆ <http://www.cms.gov/ERXincentive>

# Registry Submission



## ◆ What is a registry?

- ◆ Captures and stores clinically related data submitted to the registry by the eligible professional (or group practice)
- ◆ Registry submits information on Physician Quality Reporting System individual measures or measures groups (or eRx measure) to CMS on behalf of eligible professionals (or group practice)

## ◆ Registries provide CMS with calculated reporting and performance rates at the end of the reporting period

- ◆ Data must be submitted to CMS via defined .xml specifications

## ◆ CMS qualifies registries annually

- ◆ Current list of ***Qualified Registries for 2010 PQRI Reporting*** is available at:

[http://www.cms.gov/PQRI/Downloads/Qualified\\_Registries\\_Phase4\\_eRxPQRI\\_06282010\\_FINAL.pdf](http://www.cms.gov/PQRI/Downloads/Qualified_Registries_Phase4_eRxPQRI_06282010_FINAL.pdf)

# Becoming a CMS Qualified Registry for 2011



- ◆ Several new requirements for 2011
- ◆ See *Registry Reporting Requirements* document for criteria
  - ◆ Alternative Reporting Mechanisms section of the CMS Physician Quality Reporting website
- ◆ Deadline for self-nomination: January 31, 2011
- ◆ Registries “qualified” to report for 2010 will not need to be “re-qualified” but for 2011
  - ◆ Must meet new requirements for 2011
  - ◆ Must submit letter of intent to CMS



# Registry-Based Reporting for eRx Incentive Program



- ◆ If interested in being able to report the measure for the eRx Incentive Program, registry-based reporting is applicable
- ◆ Registry-based reporting is NOT applicable for avoiding the eRx Payment Adjustment
  - ◆ Must report via claims

# EHR Submission



- ◆ CMS qualifies EHR vendors annually
  - ◆ List of ***Qualified EHR Vendors for the 2011 Physician Quality Reporting and eRx Incentive Programs*** (including the specific product(s) and version(s) that are qualified) will be available at:  
[http://www.cms.gov/PQRI/20\\_AlternativeReportingMechanism.s.asp#TopOfPage](http://www.cms.gov/PQRI/20_AlternativeReportingMechanism.s.asp#TopOfPage) > Downloads
- ◆ Using a qualified EHR, eligible professionals submit raw clinical data to CMS and measures are calculated by CMS

# Becoming a CMS Qualified EHR Vendor for 2012



- ◆ New requirements for 2012
  - ◆ EHR product cannot be in beta test form
  - ◆ Have at least 25 active users
- ◆ See self-nomination letter for criteria
  - ◆ Alternative Reporting Mechanisms section of the CMS Physician Quality Reporting website
- ◆ Deadline for self-nomination: January 31, 2011
- ◆ EHRs “qualified” to report for 2011 will not need to be “re-qualified” for 2012
  - ◆ Must update systems to new requirements (and all measures) for 2012

# EHR-Based Reporting for eRx Incentive Program



- ◆ If interested in being able to report the measure for the eRx Incentive Program, EHR-based reporting is applicable
- ◆ EHR-based reporting is NOT applicable for avoiding the eRx Payment Adjustment
  - ◆ Must report via claims

# Group Practice Reporting Option (GPRO)



- ◆ To participate, a group practice must:
  - ◆ Submit self-nomination letter to CMS – information is posted the Group Practice Reporting Option section of the Physician Quality Reporting website
  - ◆ Meet certain technical and/or other requirements
  - ◆ Be selected to participate

# 2011 GPRO I



- ◆ GPRO I: self-nominated groups with 200 or more eligible professionals
  - ◆ Complete pre-populated data collection tool for an assigned set of Medicare beneficiaries
    - ◆ 26 total measures (4 disease modules + 4 individual preventive care measures)
    - ◆ Access to tool no later than first quarter of 2012

# 2011 GPRO II



- ◆ GPRO II: group practices with 2-199 eligible professionals (new for 2011)
  - ◆ CMS will select approximately 500 groups meeting the eligibility requirements
    - ◆ Reported via claims (unless only applicable measures group(s) is registry-only)
  - ◆ No data collection tool; will use:
    - ◆ *2011 Physician Quality Reporting System Individual Measure Specifications for Claims and Registry*
    - ◆ *2011 Physician Quality Reporting System Measures Groups Specifications Manual*

# How to Participate in GPRO for 2011



- ◆ To be eligible for 2011 GPRO, potential participants must:
  - ◆ Meet “group practice” definition
  - ◆ Have billed Medicare Part B on or after January 1, 2010 and prior to October 29, 2010
  - ◆ Self-nominate between January 3 and January 31, 2011
    - ◆ For 2011 GPRO I practices currently participating in 2010 GPRO, notify CMS via e-mail if planning to continue participation
  - ◆ Provide group practice’s TIN
  - ◆ Agree to attend/participate in mandatory training sessions and kick-off meeting



# eRx for GPRO I & II



- ◆ Groups self-nominating for 2011 GPRO I or II must indicate whether they intend to report on the eRx measure as a group practice or individually
- ◆ Information on the eRx measure for GPRO is located on the Group Practice Reporting Option section of the CMS eRx website

# 2011 Maintenance of Certification Program



- ◆ Beginning in 2011, physicians who are incentive eligible for Physician Quality Reporting can receive an additional 0.5% incentive payment when Maintenance of Certification Program incentive requirements have also been met
- ◆ In order to qualify for the additional 0.5% incentive payment, the physician will need to complete the following:
  - ◆ Satisfactorily submit data, without regard to method, on quality measures under Physician Quality Reporting, for a 12-month reporting period either as an individual physician or as a member of a selected group practice  
AND
  - ◆ More frequently than is required to qualify for or maintain board certification:
    - ◆ Participate in a Maintenance of Certification Program and
    - ◆ Successfully complete a qualified Maintenance of Certification Program practice assessment

# 2011 Maintenance of Certification Program (cont.)



- ◆ A “Maintenance of Certification Program” is a continuous assessment program that advances quality and the lifelong learning and self-assessment of board-certified specialty physicians by focusing on the competencies of patient care, medical knowledge, practice-based learning, interpersonal and communication skills, and professionalism. Such a program shall require a physician to do the following:
  - ◆ Maintain a valid, unrestricted medical license in the United States
  - ◆ Participate in educational and self-assessment programs that require an assessment of what was learned
  - ◆ Demonstrate through a formalized, secure examination that the physician has the fundamental diagnostic skills, medical knowledge, and clinical judgment to provide quality care in their respective specialty
  - ◆ Successfully complete a qualified Maintenance of Certification program practice assessment

# 2011 Maintenance of Certification Program Self-Nomination Letters



- ◆ Please refer to <http://www.cms.gov/pqri> for more information
  - ◆ See *Requirements of Self-Nomination for 2011*
- ◆ Maintenance of Certification Program self-nomination letters must be received by CMS no later than **5:00 p.m. EST on January 31, 2011**

# 2012 Call for Measures

# Call for 2012 Measures



- ◆ CMS is now accepting suggestions for potential 2012 Physician Quality Reporting System measures and/or measures groups
- ◆ Measure developers, eligible professionals, professional associations (such as medical specialty societies), and other interested stakeholders are invited to participate
- ◆ In accordance with section 1848(k)(2)(C) of the Social Security Act, CMS is interested in measures that are endorsed by the National Quality Forum (NQF) for use in the Physician Quality Reporting System
- ◆ For more information, see the CMS Measures Management System web site
  - ◆ [http://www.cms.gov/MMS/13\\_CallForMeasures.asp#TopOfPage](http://www.cms.gov/MMS/13_CallForMeasures.asp#TopOfPage)
- ◆ **All suggestions must be received by CMS no later than 5:00 p.m. EST December 17, 2010**

# Call for 2012 Measures (cont.)



## ◆ Please note:

- ◆ Suggesting individual measures or measures for a new or existing measures group does not guarantee that the measure(s) will be included in the proposed or final sets of measures of any Proposed or Final Rules that address the 2012 Physician Quality Reporting System
- ◆ CMS will determine what individual measures and measures group(s) to include in the proposed set of quality measures, and after a period of public comment, the agency will make the final determination with regard to the final set of quality measures for the 2012 Physician Quality Reporting System

# Call for 2012 Measures (cont.)



- ◆ Town Hall
  - ◆ CMS will host a Town Hall on February 9, 2011 from 10:00 a.m.-4:00 p.m. ET
  - ◆ Those interested may participate on site (TBD) or via WebEx
- ◆ Watch for additional details via CMS communication channels



# Thank You



- Questions?