

DEPARTMENT OF HEALTH AND HUMAN SERVICES
Centers for Medicare & Medicaid Services



News Flash – Recently, the Centers for Medicare & Medicaid Services (CMS) released its quarterly enhancement to the Physician Compare website. Improvements were based on recommendations made during July 2011 testing as well as suggestions from users and stakeholders. This is part of CMS’ ongoing effort to improve the Physician Compare website’s data accuracy and ease of use. The feedback tool now allows providers and beneficiaries to contact Physician Compare administrators directly with questions or concerns. For additional information on future new releases and updates visit the [Physician Compare website](#).

MLN Matters® Number: MM7727 **Revised**

Related Change Request (CR) #: 7727

Related CR Release Date: March 26, 2013

Effective Date: June 25, 2012

Related CR Transmittal #: R11QRI

Implementation Date: June 25, 2012

Medicare Quality Reporting Incentive Programs Manual Update

Note: This article was revised on March 26, 2013, to reflect a revised CR7727 issued on March 26, 2013. In this article, the CR transmittal number, CR release date, and the Web address for accessing the CR are revised. All other information remains the same.

Provider Types Affected

This MLN Matters® Article is intended for physicians and other Eligible Professionals (EPs) who bill Medicare contractors (carriers or Medicare Administrative Contractors (A/B MACs)) for providing certain services to Medicare beneficiaries.

What You Need to Know

This article is based on Change Request (CR) 7727, which informs you that a third chapter has been added to the “Medicare Quality Reporting Programs Manual.”

Disclaimer

This article was prepared as a service to the public and is not intended to grant rights or impose obligations. This article may contain references or links to statutes, regulations, or other policy materials. The information provided is only intended to be a general summary. It is not intended to take the place of either the written law or regulations. We encourage readers to review the specific statutes, regulations and other interpretive materials for a full and accurate statement of their contents. CPT only copyright 2011 American Medical Association.

- This chapter describes the yearly payment instructions used by the Medicare contractors when making incentive payments described in the “Medicare Quality Reporting Incentives Manual.”
- CR7727 manualizes existing requirements contained in existing CRs and Medicare Physician Fee Schedule (MPFS) legislation, but does not establish any new requirements for the Physician Quality Reporting System (PQRS) and E-Prescribing (eRX) Incentive Programs.

Background

The 2006 Tax Relief and Health Care Act (TRHCA) (P.L. 109-432) required the establishment of a Physician Quality Reporting System, including an incentive payment for eligible professionals who satisfactorily report data on quality measures for covered professional services furnished to Medicare beneficiaries during the second half of 2007 (the 2007 reporting period). The Centers for Medicare & Medicaid Services (CMS) named this program the Physician Quality Reporting Initiative (PQRI). The PQRI was further modified as a result of the Medicare, Medicaid, and State Children's Health Insurance Program (SCHIP) Extension Act of 2007 (MMSEA) (P. L. 110-275) and the Medicare Improvements for Patients and Providers Act of 2008 (MIPPA) (P. L. 110-275). In 2011, the program name was changed to Physician Quality Reporting System (Physician Quality Reporting). All publicly available information on the PQRS Incentive Program can be found at <http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/index.html> on the CMS website.

Section 132 of the Medicare, Medicaid, and SCHIP Extension Act of 2007 (P.L. 110-173) (MMSEA) authorized a new and separate incentive program for Eligible Professionals (EPs) who are successful e-prescribers, the E-Prescribing (eRx) Incentive program, as defined by the Medicare Improvements for Patients and Providers Act (P.L. 110-275) (MIPPA). While this program has similarities to the Physician Quality Reporting System (PQRS) incentive payment program, it is a stand-alone program with distinct reporting requirements and a separate incentive payment. All publicly available information on the eRx Incentive Program can be found at <http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/ERxIncentive/index.html> on the CMS website.

CR7727 manualizes the information contained in existing CRs and MPFS legislation. Changes to the programs are described in the annual MPFS legislation.

Additional Information

The official instruction, CR7727, issued to your carrier or A/B MAC regarding this change, may be viewed at <http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/Downloads/R11QR1.pdf> on the CMS website.

If you have any questions, please contact your carrier or A/B MAC at their toll-free number, which may be found at <http://www.cms.gov/Research-Statistics-Data-and-Systems/Monitoring-Programs/provider-compliance-interactive-map/index.html> on the CMS website.

Disclaimer

This article was prepared as a service to the public and is not intended to grant rights or impose obligations. This article may contain references or links to statutes, regulations, or other policy materials. The information provided is only intended to be a general summary. It is not intended to take the place of either the written law or regulations. We encourage readers to review the specific statutes, regulations and other interpretive materials for a full and accurate statement of their contents. CPT only copyright 2011 American Medical Association.