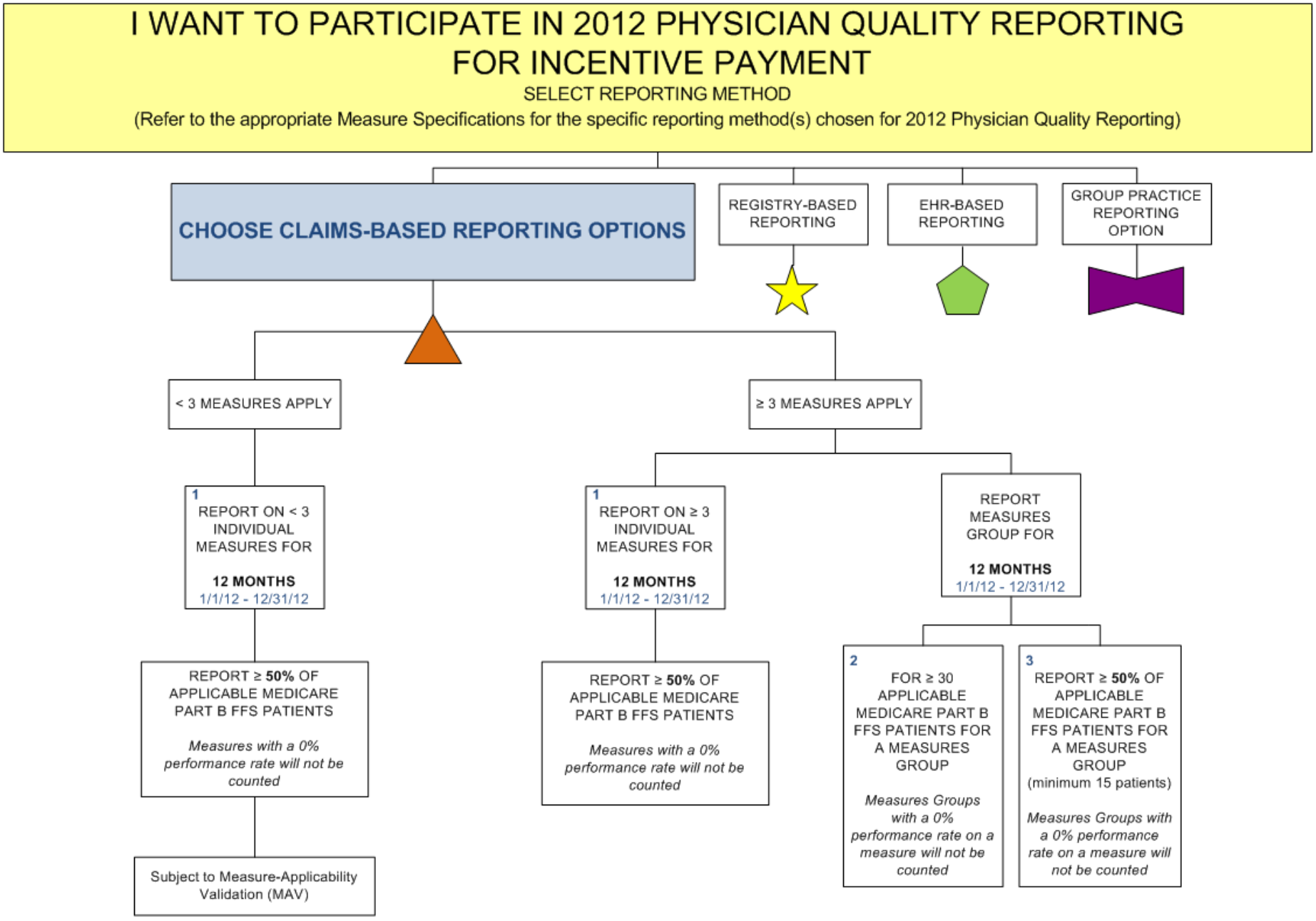
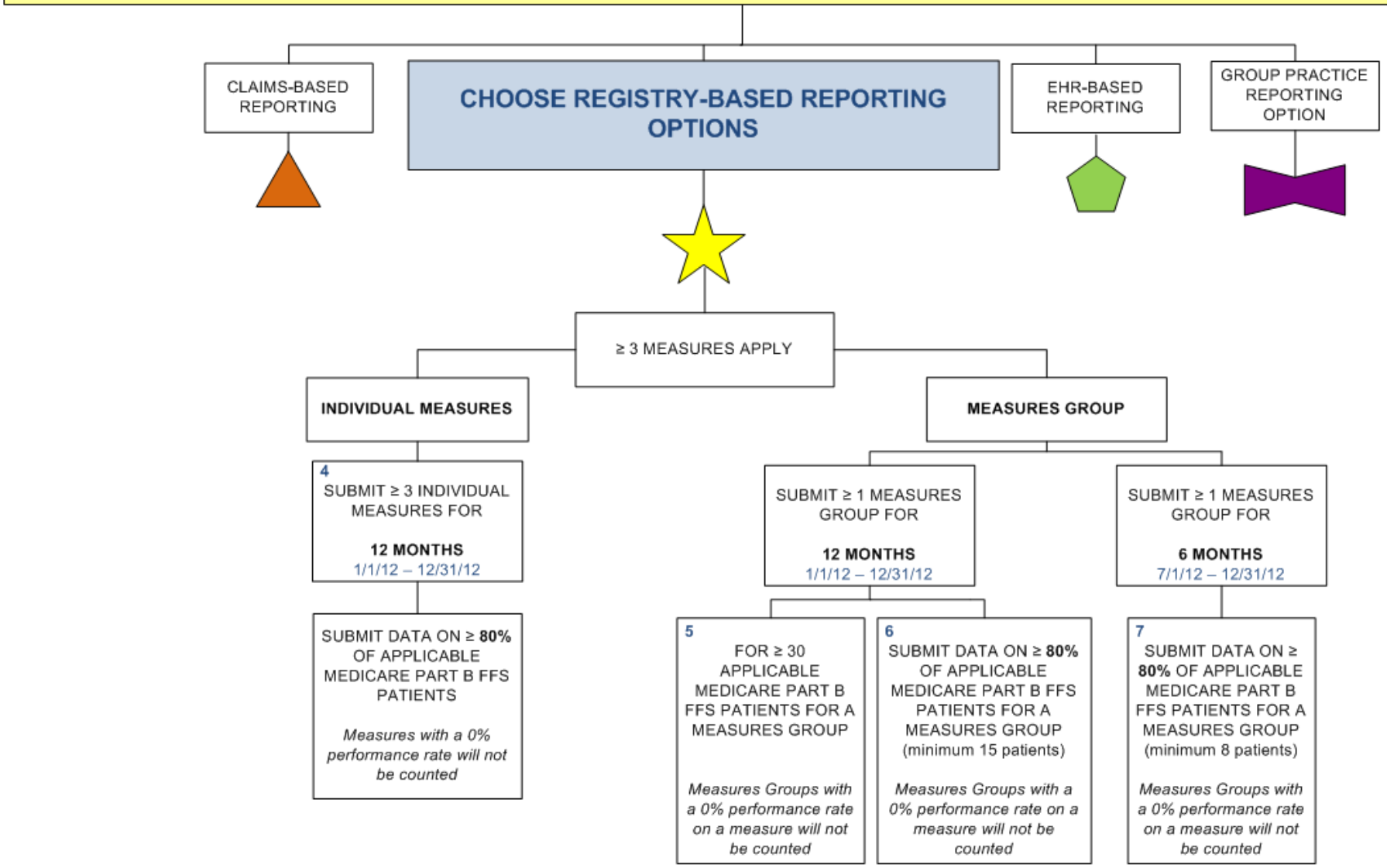
CMS 2012 Physician Quality Reporting: Participation Decision Tree



I WANT TO PARTICIPATE IN 2012 PHYSICIAN QUALITY REPORTING FOR INCENTIVE PAYMENT

SELECT REPORTING METHOD

(Refer to the appropriate Measure Specifications for the specific reporting method(s) chosen for 2012 Physician Quality Reporting)



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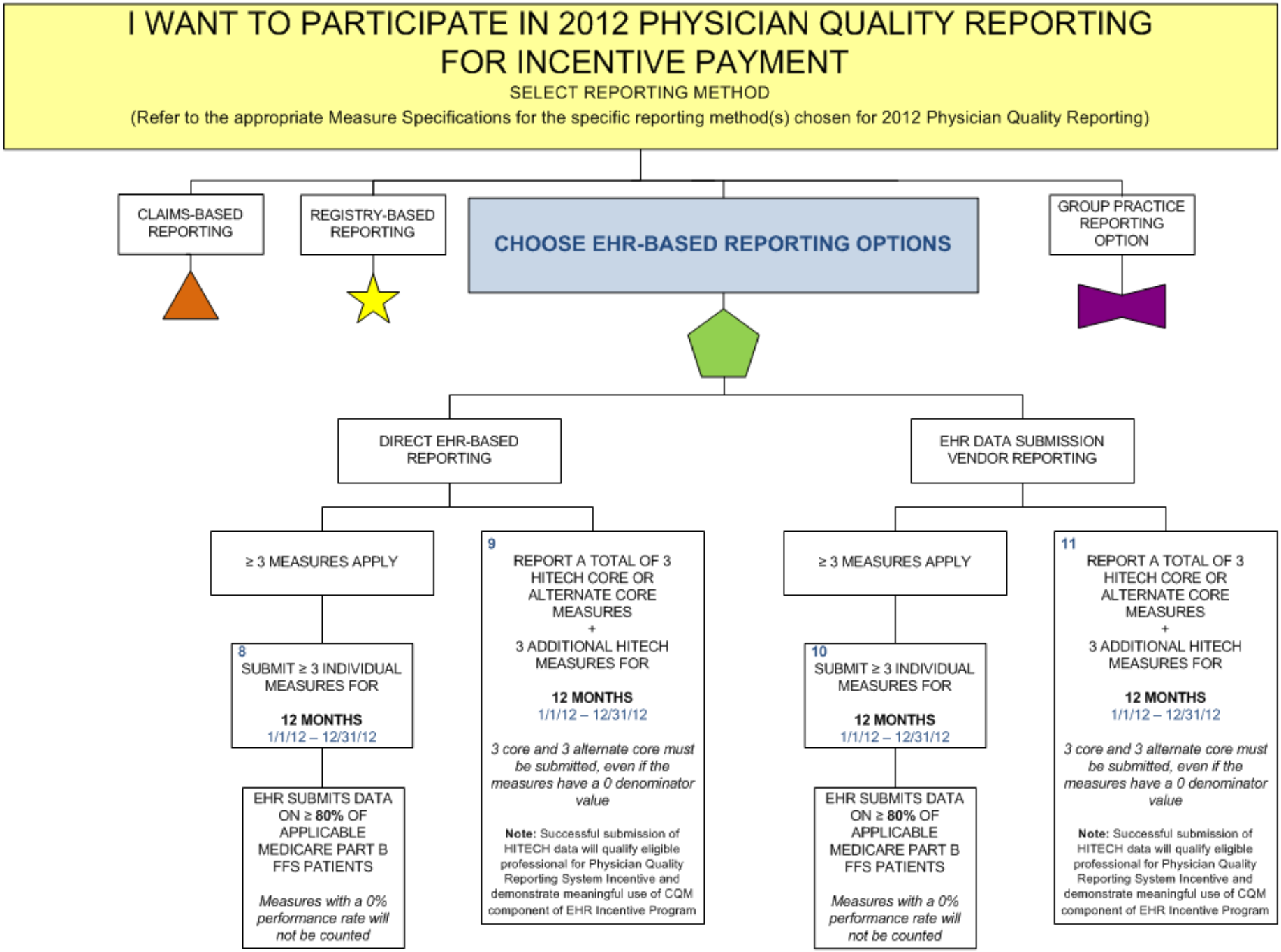
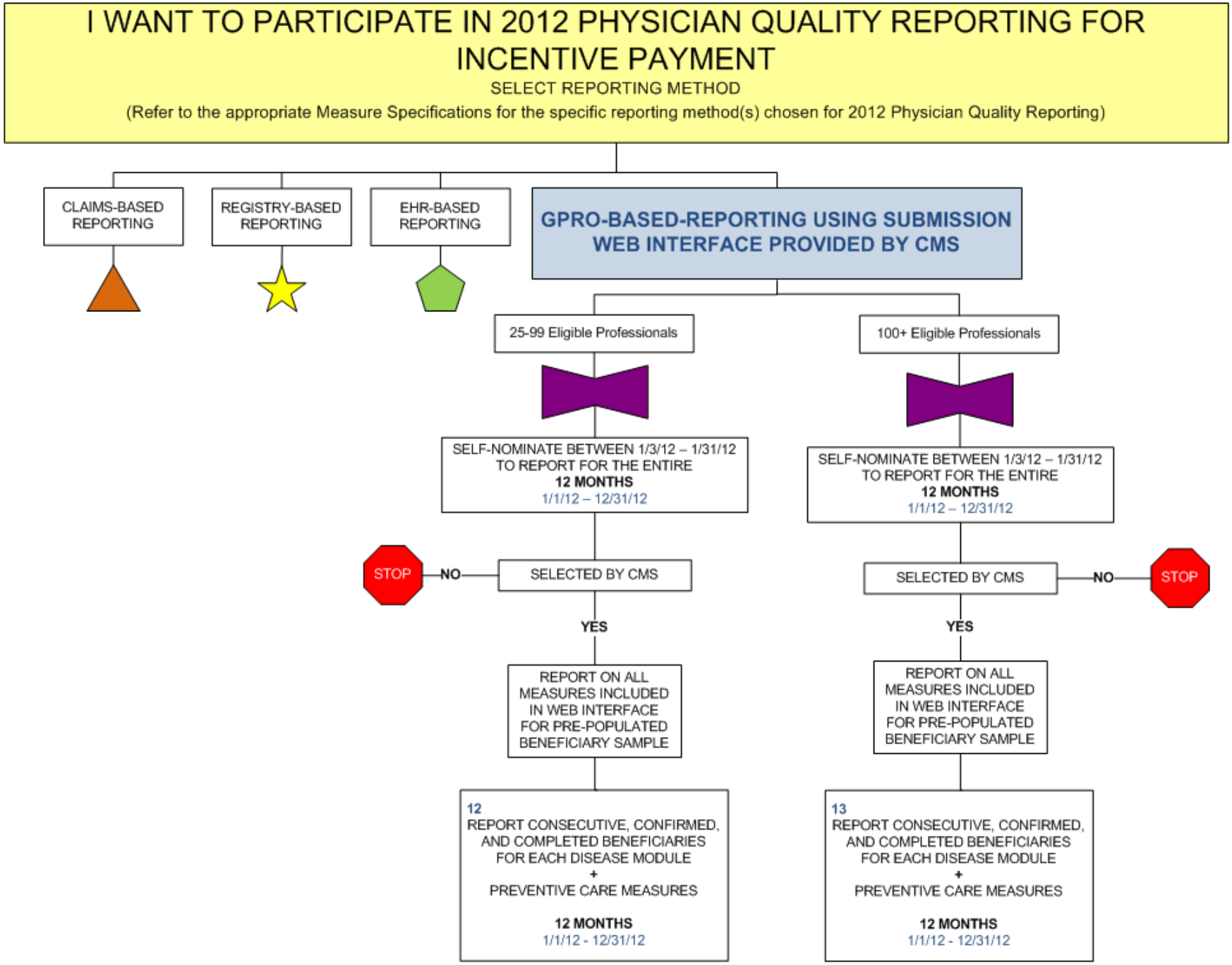
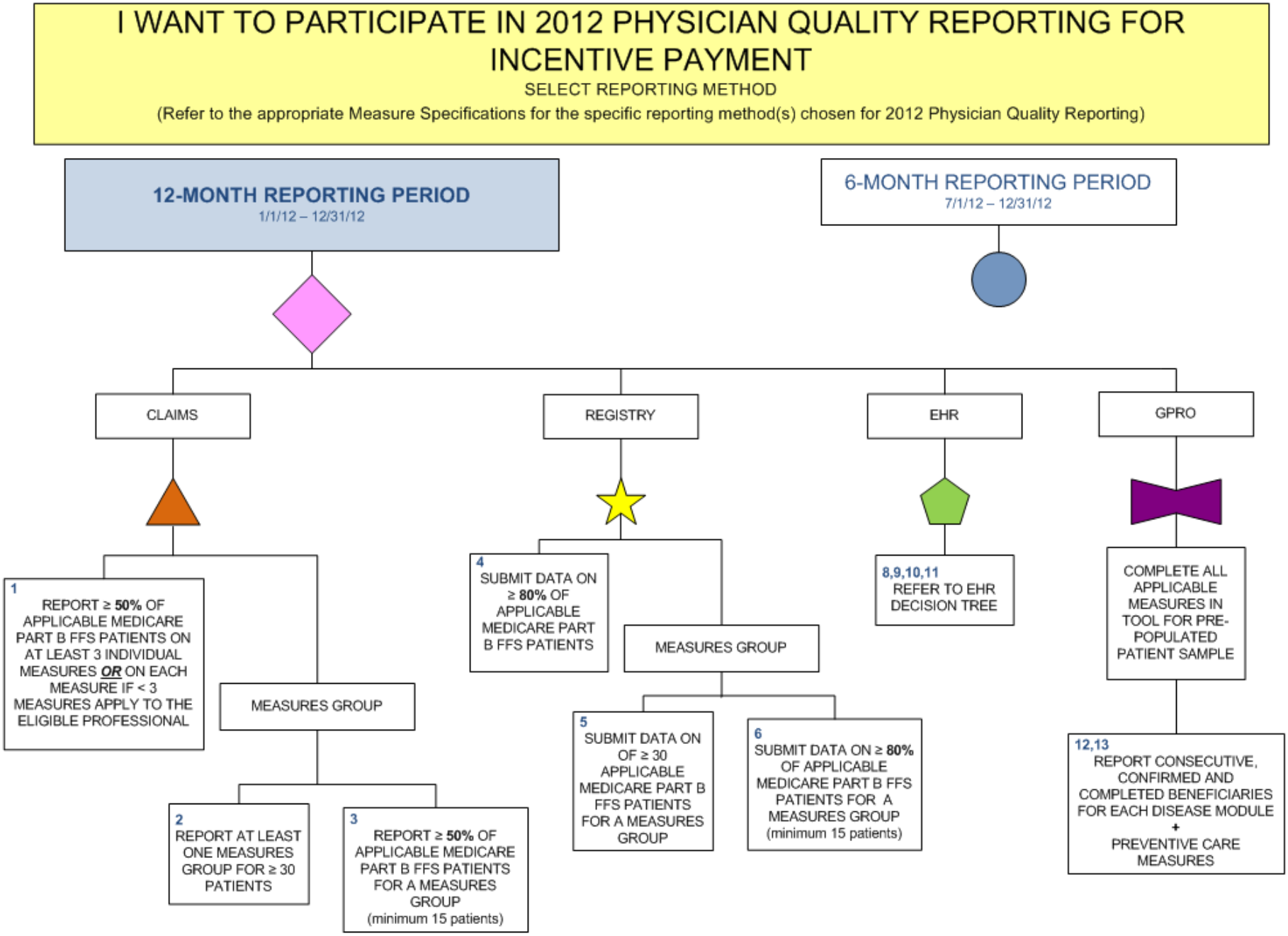


CMS 2012 Physician Quality Reporting: Participation Decision Tree



CMS 2012 Physician Quality Reporting: Participation Decision Tree



Note: *Measures with a 0% performance rate and Measures Groups containing a measure with a 0% performance rate will not be counted*

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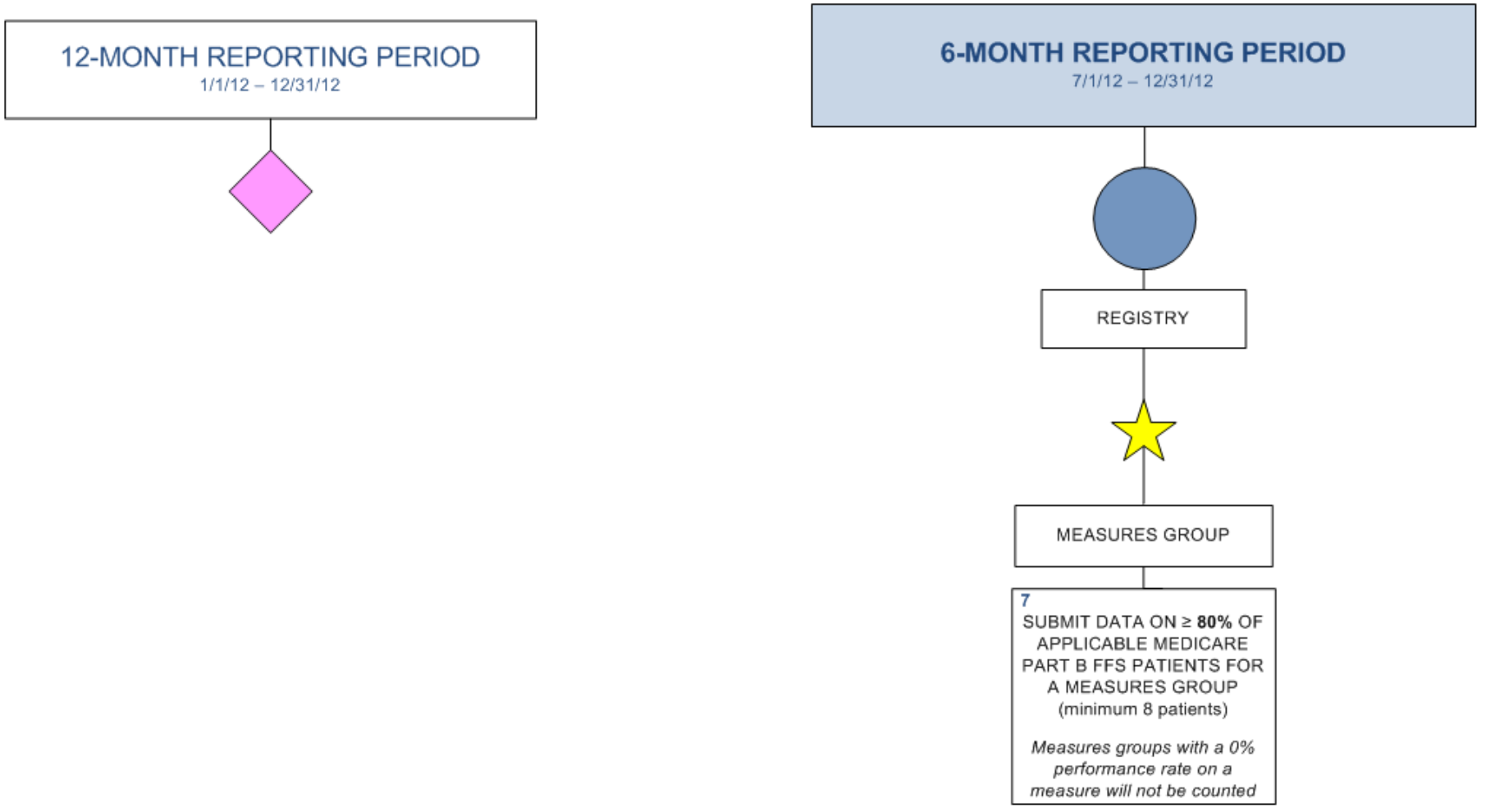
(Refer to the appropriate Measure Specifications for the specific reporting method(s) chosen for 2012 Physician Quality Reporting)



2012 Program Reporting Options

Number assigned coordinates with appropriate box on the 2012 Physician Quality Reporting Participation Decision Tree.

1. Claims-based reporting of individual measures (12 months)

2. Claims-based reporting of at least one measures group for 30 unique Medicare Part B FFS patients (12 months)

3. Claims-based reporting of at least one measures group for 50% or more of applicable Medicare Part B FFS patients of each eligible professional (with a minimum of 15 patients) (12 months)

4. 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 (12 months)

5. Registry-based reporting of at least one measures group for 30 unique Medicare Part B FFS patients (12 months)

6. Registry-based reporting of at least one measures group for 80% or more of applicable Medicare Part B FFS patients of each eligible professional (with a minimum of 15 patients) (12 months)

7. Registry-based reporting of at least 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)

8. Direct EHR-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 (12 months)

9. Direct EHR-based reporting of a total of 3 HITECH core or alternate core measures AND at least 3 additional HITECH measures (12 months)

10. EHR Data Submission Vendor 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 (12 months)

11. EHR Data Submission Vendor reporting of a total of 3 HITECH core or alternate core measures AND at least 3 additional HITECH measures (12 months)

12. GPRO-based reporting (25-99 eligible professionals) of all applicable measures included in the submission web interface provided by CMS for consecutive, confirmed, and completed patients for each disease module and preventive care measures (12 months)

13. GPRO-based reporting (100+ eligible professionals) of all applicable measures included in the submission web interface provided by CMS for consecutive, confirmed, and completed patients for each disease module and preventive care measures (12 months)