



2010 PQRI Electronic Health Record (EHR) Reporting Made Simple

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The Physician Quality Reporting Initiative (PQRI) is a voluntary reporting program that provides an incentive payment to identified eligible professionals who satisfactorily report data on quality measures for covered Physician Fee Schedule (PFS) services furnished to Medicare Part B Fee-for-Service (FFS) beneficiaries (includes Railroad Retirement Board and Medicare Secondary Payer). It is suggested that eligible professionals periodically review posted EHR-related materials in the Alternative Reporting Mechanisms section of the Centers for Medicare & Medicaid Services (CMS) PQRI web page at <http://www.cms.hhs.gov/PQRI> to ensure they are informed of all program clarifications and updates.

How to Get Started

Listed below are some preparatory steps that eligible professionals must take prior to undertaking PQRI EHR-based reporting.

- STEP 1:** Determine if you are able to participate. A list of professionals who are eligible and able to receive an incentive for participating in PQRI is available at <http://www.cms.hhs.gov/PQRI/Downloads/EligibleProfessionals.pdf> on the CMS website. Read this list carefully, as not all entities are considered eligible professionals.
- STEP 2:** Review the *2010 PQRI EHR Measure Specifications*, which are available as a downloadable document in the Alternative Reporting Mechanisms section of the CMS PQRI web page located at <http://www.cms.hhs.gov/PQRI> to determine which PQRI measures apply to your practice. Eligible professionals who choose to report on EHR measures need to select **at least three** EHR measures to report on to be able to qualify to earn a PQRI incentive payment.
- STEP 3:** Determine if your EHR product is a PQRI-qualified EHR system. A list of qualified EHR vendors and their product version(s) is available as a downloadable document in the Alternative Reporting Mechanisms section of the PQRI web page at <http://www.cms.hhs.gov/PQRI> on the CMS website. If you are unsure of the specifics of your EHR product, contact your EHR vendor to determine if your EHR system (including product and version number) is qualified for use in PQRI EHR-based reporting.

STEP 4: If you determine that at least three PQRI EHR measures apply to your practice and you have a PQRI-qualified EHR system, carefully review the following documents:

- *2010 PQRI EHR Measures Specifications and 2010 PQRI EHR Measures Specifications Release Notes* located in the Alternative Reporting Mechanisms section of the CMS PQRI web page for EHR-based reporting of individual measures. As you read through the specifications, you will notice that each of the measures has a Numerator section (e.g., the quality performance action) associated with it and some measures also have some performance exclusions listed in the Denominator Exclusion section. To qualify for the incentive, the correct quality action (Numerator code[s]) or performance exclusion (Denominator Exclusion code[s]) will need to be reported on at least 80 percent of the eligible cases identified (according to the Denominator Inclusion section) for each selected measure. A case is “eligible” for PQRI purposes when the code(s) match the denominator inclusion criteria and are listed as PFS covered services according to the *PQRI EHR Measure Specifications*.

You will also notice that each measure has a reporting frequency or timeframe requirement for each eligible patient seen during the reporting period for each individual eligible professional (National Provider Identifier [NPI]). The reporting frequency (i.e., report each visit, the most recent visit, once during the reporting period, etc.) is found in the details of each measure specification. Ensure that all members of the team understand and capture this information in the clinical record to facilitate reporting.

STEP 5: All patient care and visit-related information should be documented in your EHR system as normal. Ensure you identify and capture **all** eligible cases per the measure denominator for each measure you choose to report. It is important to review **all** of the denominator codes that can affect **EHR-based** reporting; particularly for broadly applicable measures or measures that do not have an associated diagnosis (for example, #110 Influenza Immunization) to ensure the correct quality action is performed and reported for the eligible case as instructed in the measure specifications.

STEP 6: Register for an Individuals Authorized Access for CMS Computer Services (IACS) account by December 2010. More information about how eligible professionals can get an IACS account will be posted to the Alternative Reporting Mechanisms section of the CMS PQRI website in the future.

- STEP 7:** Work with your PQRI-qualified EHR vendor to create the required reporting file from your EHR system, so it can be uploaded through the PQRI Portal using IACS. **If you are using a “qualified” system, it should already be programmed to be able to generate this file.**
- STEP 8:** Participate in the required testing for data submission when available prior to production submissions to ensure data errors do not occur. Speak with your EHR vendor to discuss any data submission issues.
- STEP 9:** Submit final EHR reporting files with quality measure data by the data submission deadline (**March 31, 2011**) to be analyzed and used for 2010 PQRI EHR measure calculations. File uploads will be limited to 10 MB in size. Therefore, complete data submission may require several files to be uploaded to the PQRI Portal. Following a successful file upload, notification will be sent to the IACS user’s e-mail address indicating the files were submitted and received. Submission Reports will then be available to indicate file errors, if applicable. Feedback Reports will be available in the fall of 2011.

Questions?

Contact your EHR vendor with technical questions and/or file submission errors. If your vendor is unable to answer your questions, please contact the **QualityNet Help Desk** at **866-288-8912** (available 7 a.m. to 7 p.m. CST Monday through Friday) or via e-mail at qnetsupport@sdps.org.



This fact sheet 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.

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