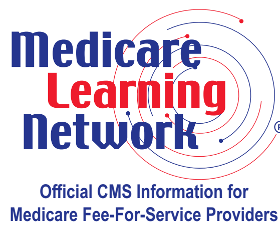
DEPARTMENT OF HEALTH AND HUMAN SERVICES
Centers for Medicare & Medicaid Services



Physician Quality Reporting System

(Physician Quality Reporting, formerly called Physician Quality Reporting Initiative or PQRI) Reporting Periods for 2011

FACT SHEET http://www.cms.gov/PQRS

2011 Reporting Periods

The 2011 Physician Quality Reporting System (Physician Quality Reporting) has two reporting periods:

- 12-month (January 1, 2011 – December 31, 2011); and
- 6-month (July 1, 2011 – December 31, 2011).

For 2011, eligible professionals who satisfactorily report Physician Quality Reporting measures for the 6-month reporting period will become eligible to receive an incentive equal to one percent of their total Medicare Part B Physician Fee Schedule (PFS) allowed charges for services performed during the reporting period.

Four 6-Month Reporting Period Options

There are four 6-month reporting period options for the Physician Quality Reporting. The reporting period options are provided in the "2011 Physician Quality Reporting System Implementation Guide," Appendix C, page 24, as follows:

- **Claims-based reporting of individual measures for 50 percent or more** of an eligible professional's applicable Medicare Part B Fee-For-Service (FFS) patients for **at least 3 individual measures, or on each measure** if less than 3 measures apply (July 1, 2011 – December 31, 2011);
- **Claims-based reporting of one measures group for 50 percent or more** of an eligible professional's applicable Medicare Part B FFS patients for the measures group (**with a minimum of 8 patients**) (July 1, 2011 – December 31, 2011);
- **Registry-based reporting of at least 3 individual measures for 80 percent or more** of an eligible professional's applicable Medicare Part B FFS patients for the measures (July 1, 2011 – December 31, 2011); and
- **Registry-based reporting of one measures group for 80 percent or more** of an eligible professional's applicable Medicare Part B FFS patients for the measures group (**with a minimum of 8 patients**) (July 1, 2011 – December 31, 2011).

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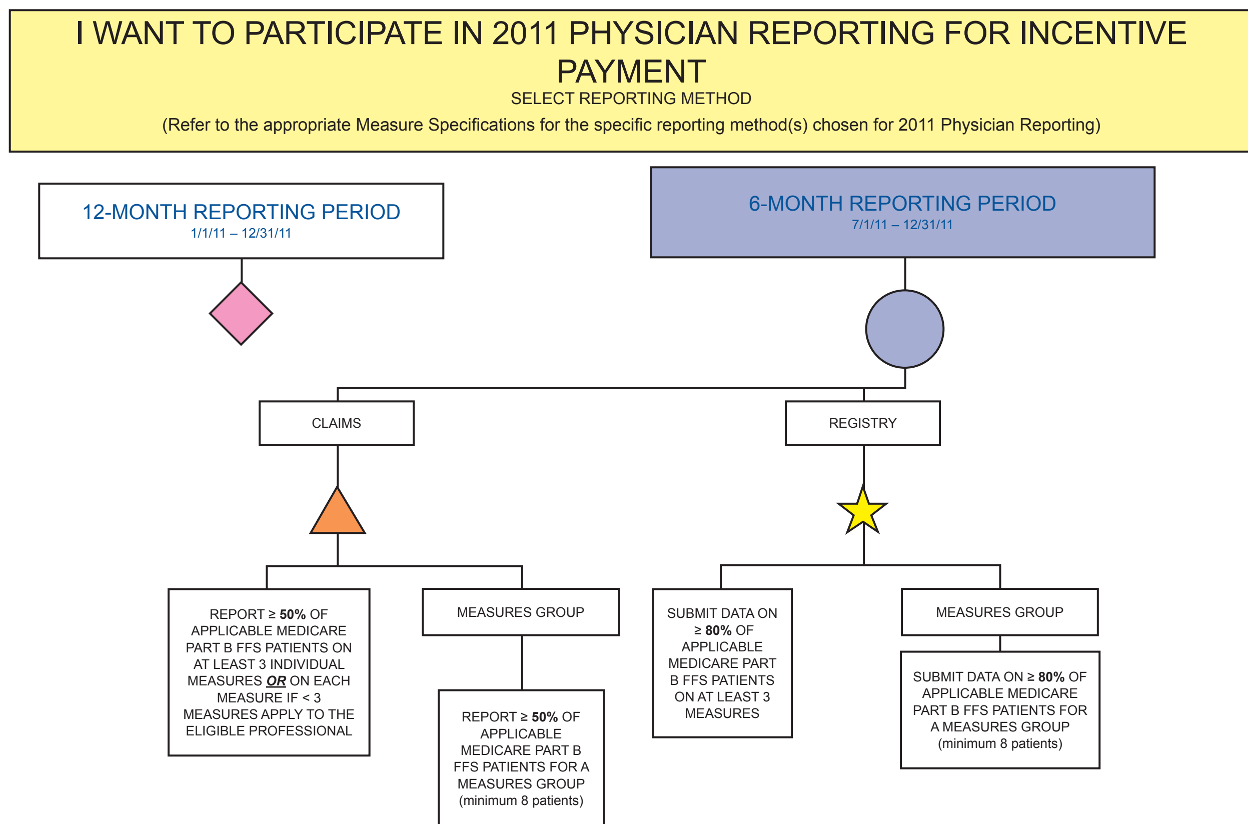
Physician Quality Reporting claims-based reporting involves the addition of quality-data codes (QDCs) to claims submitted for services when billing Medicare Part B. Eligible professionals also have the option of using a qualified registry to assist in collecting Physician Quality Reporting measure data. The registry will submit this quality data directly to Medicare, eliminating the need for adding QDCs to the Medicare Part B claim.

Physician Quality Reporting Resources

The "2011 Physician Quality Reporting System Implementation Guide" is provided to promote understanding about how to implement claims-based reporting of Physician Quality Reporting measures in clinical practice and facilitate satisfactory reporting of quality data by eligible professionals. The "2011 Physician Quality Reporting System Implementation Guide" is available as a downloadable document in the Measures Codes section of the Physician Quality Reporting web page at http://www.cms.gov/PQRS/15_MeasuresCodes.asp on the Centers for Medicare & Medicaid Services (CMS) website.

Qualified Registries Information for the 2011 Physician Quality Reporting is available at http://www.cms.gov/PQRS/20_AlternativeReportingMechanisms.asp on the CMS website.



Questions

If you have questions, contact the QualityNet Help Desk at 1-866-288-8912 (TTY 1-877-715-6222) from 7:00 a.m. – 7:00 p.m. Central Standard Time (CST) or send an e-mail to qnetsupport@sdps.org for assistance.

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