National Provider Call:

Physician Quality Reporting System

(Physician Quality Reporting, previously known as PQRI)

and

Electronic Prescribing (eRx) Incentive Program

February 15, 2011

Disciaimers

Agenda

◈ CMS Updates/Announcements

◈ Presentation

- ◆ EHR Reporting Made Simple
- ◆ eRx Future Payment Adjustments

◈ Question and Answer Session

Physician Quality Reporting & eRx Incentive Program –

EHR Reporting Made Simple

Outline

◈ Provide information to eligible professionals interested in reporting 2011 Physician Quality Reporting measures or the Electronic Prescribing (eRx) Incentive Program measure using a CMS qualified EHR product

- ◆ Steps for 2011 EHR-based reporting
- ◆ Choosing a qualified EHR product
- ◆ Resources/who to contact for help

2011 Decision Tree

I WANT TO PARTICIPATE IN 2011 PHYSICIAN QUALITY REPORTING
FOR INCENTIVE PAYMENT

SELECT REPORTING METHOD

(Refer to the appropriate Measure Specifications for the specific reporting method(s) chosen for 2011 Physician Quality Reporting)

CLAIMS-BASED REPORTING

REGISTRY-BASED REPORTING

CHOOSE EHR-BASED REPORTING OPTIONS

GPRO I-BASED REPORTING

GPRO II-BASED REPORTING

≥ 3 MEASURES APPLY

11
SUBMIT ≥ 3 INDIVIDUAL MEASURES FOR

12 MONTHS
1/1/11 – 12/31/11

EHR SUBMITS DATA ON ≥ 80% OF APPLICABLE MEDICARE PART B FFS PATIENTS

Version 5.0
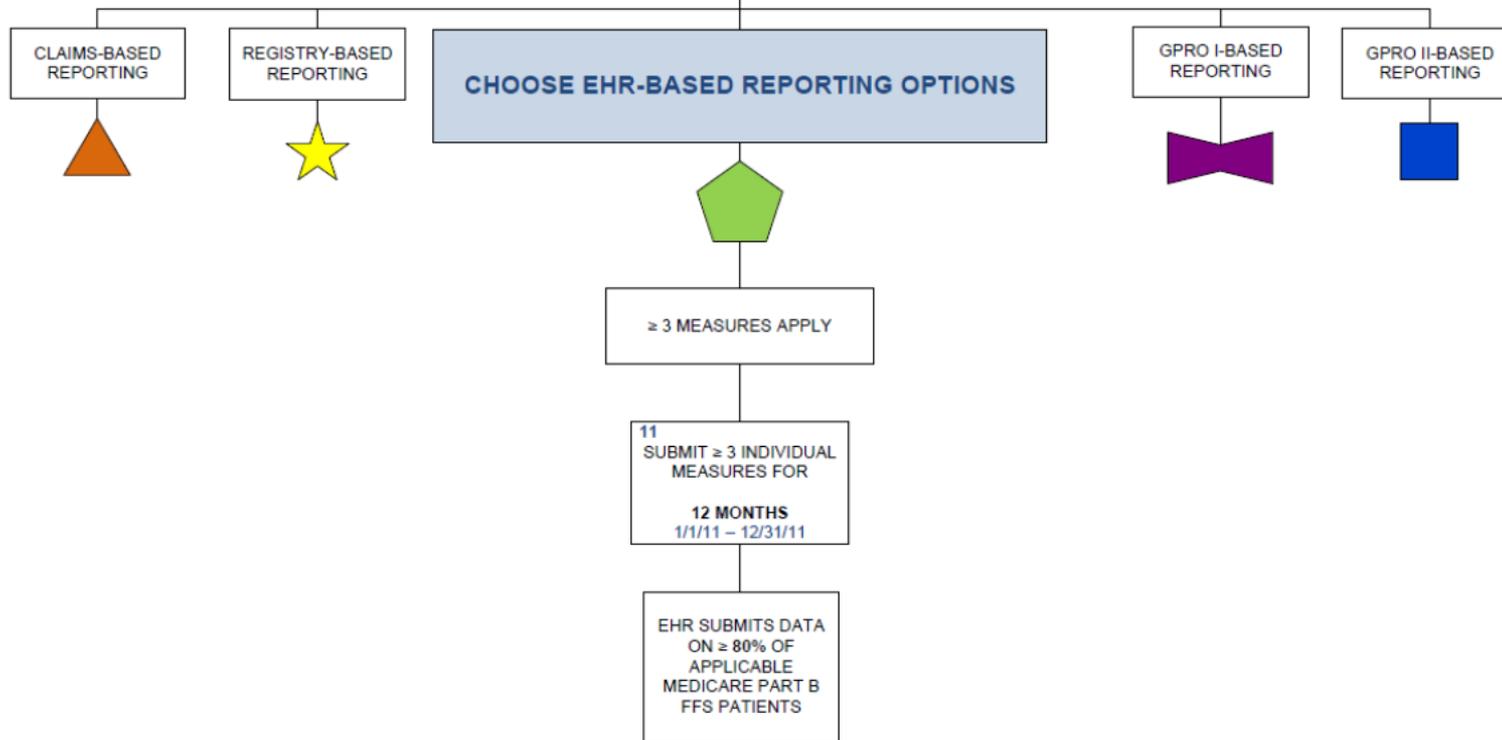
Overview/Timing

◈ EHR-based reporting for the 2011 program year will occur in the spring of 2012 for Physician Quality Reporting and eRx Incentive Program

How to Get Started: Steps for EHR-based Reporting

◈ Preparatory steps needed for 2011 EHR-based reporting:

1. Determine eligibility
   ◇ See list at http://www.cms.gov/PQRI/Downloads/EligibleProfessionals.pdf
   ◇ Read carefully – not all are considered eligible

2. Review *2011 Physician Quality Reporting System EHR Measure Specifications*

    ◇ These measures are posted at http://www.cms.gov/pqri > Alternative Reporting Mechanisms > Downloads

    ◇ http://www.cms.gov/PQRI/downloads/2011_EHR_Documents_for_Eligible_Professionals12152010.zip

    ◇ Determine which measures apply to your practice

    ◇ Must report on a minimum of 3 measures at an 80% reporting rate

    ◇ Required to qualify for earning incentive payment

Steps for EHR-based Reporting (cont.)

3. Determine if your EHR product is a Physician Quality Reporting-qualified EHR system

   ◆ List of vendors and product version(s) available at http://www.cms.gov/pqri > Alternative Reporting Mechanisms > Downloads

     http://www.cms.gov/PQRI/Downloads/QualifiedEHRVendorsforthe2011PhysicianQualityReportingandeRx121310.pdf

   ◆ If unsure, contact your EHR vendor to determine if system (including product and version number) is qualified for use in Physician Quality Reporting EHR-based reporting

CMS "Qualified" EHR Vendors and Systems/Products

◈ Each of these EHR vendors have gone through a thorough vetting process to verify that their listed qualified system and product(s) have the capability to provide the required data elements for the 20 Physician Quality Reporting measures

  ◆ These measures are posted at http://www.cms.gov/pqri > Alternative Reporting Mechanisms > Downloads

    ◇ http://www.cms.gov/PQRI/downloads/2011_EHR_Documents_for_Eligible_Professionals12152010.zip

CMS "Qualified" EHR Vendors and Systems/Products (cont.)

- ◈ Some EHRs are also capable of reporting the eRx measure to CMS
  - ◆ http://www.cms.gov/PQRI/Downloads/QualifiedEHRVendorsforthe2011PhysicianQualityReportingandeRx121310.pdf
- ◈ Note: EHR-based reporting of 2011 eRx measure only applies to 2011 eRx incentive, not for 2012 eRx payment adjustment
  - ◆ eRx measure is posted at http://www.cms.gov/erxincentive > Alternative Reporting Mechanism > Downloads
    - ◇ http://www.cms.gov/ERxIncentive/Downloads/2011_EHR_eRx_Measure_Specs_and_Release_Notese_080910.zip

CMS "Qualified" EHR Vendors and Systems/Products (cont.)

- ◈ In addition to capturing the required data elements for measure calculation, these "qualified" EHR products can also produce the required information in requested file format

- ◈ Eligible professionals who wish to participate in 2011 Physician Quality Reporting and/or eRx Incentive Program using the EHR-based reporting option may contact qualified EHR vendors for additional details about their software

- ◈ These qualified products' users may submit quality data directly from their EHRs to CMS for 2011 program year or subsequent years

CMS "Qualified" EHR Vendors and Systems/Products (cont.)

- ◈ Disclaimer: *While the listed EHR vendors and their qualified EHR systems and product(s) have successfully completed the vetting process, CMS cannot guarantee that any other product or version of software, other than what is listed in the posted document, will be compatible for EHR-based submission for the Physician Quality Reporting System or the eRx Incentive Program*

Steps for EHR-based Reporting (cont.)

4. Reminder: If there are at least 3 applicable measures for your practice AND you have a qualified EHR system, be sure to *carefully* review the following documents:

    ◆ *2011 Physician Quality Reporting System EHR Measure Specifications*

        ◇ Detailed description of data element names and codes related to each of 20 2011 Physician Quality Reporting System and eRx quality measures available for electronic submission

        ◇ http://www.cms.gov/PQRI/downloads/2011_EHR_Documents_for_Eligible_Professionals12152010.zip

    ◆ *2011 Physician Quality Reporting System EHR Measure Specifications – Release Notes*

More on Measures

◈ Each measure 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

  ◆ Each participating provider must report a minimum of 3 measures for Medicare Part B eligible cases (as identified in Denominator Inclusion section)

  ◆ A case is "eligible" for Physician Quality Reporting System purposes when the code(s) match the denominator inclusion criteria and are listed as PFS covered services according to the *Physician Quality Reporting System EHR Measure Specifications*

More on Measures (cont.)

◈ Each measure also 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

Steps for EHR-based Reporting (cont.)

5. Document all patient care and visit-related information in your EHR system as normal

    - Ensure you identify and capture **all** eligible cases per 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

        - Important for broadly applicable measures or measures that do not have an associated diagnosis (e.g., #110 Influenza Immunization) to ensure the correct quality action is performed and reported for the eligible case as instructed in the measure specifications

Steps for EHR-based Reporting (cont.)

6. Register for an Individuals Authorized Access for CMS Computer Services (IACS) account by November 2011

   ◆ See the main page of the Physician and Other Health Care Professionals Quality Reporting Portal (Portal) at http://www.qualitynet.org/PQRI

IACS Information

- ◈ New user registration begins at https://applications.cms.hhs.gov
    - ◆ See also https://www.cms.gov/IACS/ > Provider/Supplier Community
- ◈ Request the EHR Submitter Role when registering for the IACS account
- ◈ If you already have an IACS account, you will need to request adding the role to your account
- ◈ Refer to the *IACS EHR Submitter Role Quick Reference Guide* posted on the Portal home page
- ◈ Two-factor authentication required to submit EHR data will be granted with the EHR Submitter Role

Steps for EHR-based Reporting (cont.)

7. Work with your Physician Quality Reporting System-qualified EHR vendor to create the required reporting file from your EHR system, so it can be uploaded through the Portal using IACS

    ◆ If you are using a "qualified" system, it should already be programmed to be able to generate this file

8. Participate in required testing for data submission when available prior to payment submissions to ensure data errors do not occur

    ◆ Contact your EHR vendor to discuss any data submission issues

Steps for EHR-based Reporting (cont.)

9. Submit final EHR reporting files with quality measure data by the data submission deadline (**March 31, 2012**) to be analyzed and used for 2011 Physician Quality Reporting System EHR measure calculations

    ◆ File uploads will be limited in size
      ◇ Complete data submission may require several files to be uploaded to the Portal

    ◆ Following a successful file upload, notification will be sent to the IACS user's e-mail address indicating files were submitted and received
      ◇ Submission Reports will then be available to indicate file errors, if applicable

    ◆ Feedback Reports will be available fall 2012

Resources: Final Documents for 2011 EHR-Based Reporting (cont.)

◈ 2011 EHR documents for *eligible professionals*:

http://www.cms.gov/pqri > Alternative Reporting Mechanisms > Downloads

- ◆ **2011 Physician Quality Reporting System EHR Measure Specifications** – detailed description of data element names and codes related to each of 20 2011 Physician Quality Reporting System and eRx quality measures available for electronic submission

- ◆ **2011 Physician Quality Reporting System Physician Quality Reporting System EHR Measure Specifications – Release Notes** – corresponding release notes for the 2011 EHR Measure Specifications

- ◆ **2011 EHR Downloadable Resource Table**

- ◆ **2011 EHR Downloadable Resource Table – Release Notes**

Resources: Final Documents for 2011 EHR-Based Reporting (cont.)

◈ 2011 EHR documents for *vendors*:

http://www.cms.gov/pqri > Alternative Reporting Mechanisms > Downloads

- ◆ **Data Submission Specifications Utilizing HL7 QRDA Implementation Guide Based on HL7 CDA Release 2.0**
- ◆ **Updated EHR Data Submission Specifications Utilizing QRDA – Release Notes** – release notes for Data Submission Specifications Utilizing HL7 Quality Reporting Document Architecture Based on HL7 CDA Release 2.0
- ◆ **2011 EHR Downloadable Resource Table**
- ◆ **2011 EHR Downloadable Resource Table – Release Notes**
- ◆ **Updated EHR Data Submission Specifications Utilizing QRDA Header Errors and Edits**
- ◆ **Updated EHR Data Submission Specifications Utilizing QRDA Body Errors and Edits**

Resources: Final Documents for 2011 EHR-Based Reporting (cont.)

◈ 2011 EHR for *eRx* documents:
http://www.cms.gov/erxincentive > Alternative Reporting Mechanisms > Downloads

- **2011 EHR Measure Specifications for eRx –** contain a detailed description of data element names and codes
- **2011 EHR Measure Specifications for eRx – Release Notes**
- **2011 EHR Downloadable Resource**
- **2011 EHR Downloadable Resource Table – Release Notes**

Additional References

◈ Reference documents on CMS Physician Quality Reporting website: http://www.cms.gov/pqri
- *2011 Physician Quality Reporting System EHR Reporting Made Simple* (coming soon) – Educational Resources page
- Frequently Asked Questions

◈ User Guides located on the Portal sign-in page:
http://www.qualitynet.org/pqri
- *PQRI/eRx Submission User Guide*
- *PQRI/eRx Submission Report User Guide*
- *Portal User Guide*
- *Submission Engine Validation Tool (SEVT) User Guide*
- *EHR Submitter Role – Quick Reference Guide*

Need Help?

◈ 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 7:00 a.m. to 7:00 p.m. CST Monday through Friday) or via e-mail at **qnetsupport@sdps.org** (or TTY 1-877-715-6222)

eRx Incentive Program –

Future eRx Payment Adjustments

Outline

◆ Background

- ◆ What is eRx?

- ◆ What is eRx Incentive Program?

◆ eRx Payment Adjustments Planned for Future

- ◆ 2012 Payment Adjustment

- ◆ 2013 Payment Adjustment

◆ Where to Call for Help

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 to promote adoption/use of eRx systems

◈ Provides a combination of incentives and payment adjustments for individual eligible professionals and group practices to encourage successful electronic prescribing

◈ 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 to determine if payment adjustment will or 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

◈ **Reporting Period: January 1 – June 30, 2011**

◈ Reporting Mechanism: **Claims**

    ◆ Payment adjustment does not necessarily apply if less than 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; varies for GPRO) for 2011 will not exempt an eligible professional or group practice from the payment adjustment (must have 10 unique eRx events between January 1 and 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 (for reporting period January 1-June 30, 2011)
- ◆ does not meet the 10% denominator threshold
- ◆ becomes a successful electronic prescriber
  - Report the eRx measure via <u>claims</u> for at least 10 unique eRx events for patients in the denominator of the measure (before June 30, 2011)

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 via <u>claims</u> 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 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 that can receive electronic prescriptions

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** for a service that appears in the denominator of the measure between January 1 and 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 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

Registry- and EHR-Based Reporting for eRx

◆ Registry-based reporting and EHR-based reporting are <u>NOT</u> applicable for avoiding the eRx Payment Adjustment
- **Must report via claims**

◆ Registry- and EHR-based reporting <u>ARE</u> applicable for the eRx Incentive Program

eRx Payment Adjustment (cont.)

◈ Summary

- ◆ Beginning in 2011, those identified as not "successful electronic prescribers" may be subject to a payment adjustment
  - ◇ **Ensure submission of required number of eRxs (10 for individual, varies for GPROs) 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**
  (TTY 877-715-6222)

Thank You

- Questions?