Centers for Medicare & Medicaid Services

2008 Physician Quality Reporting Initiative (PQRI)

September 18, 2008

National Provider Call
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Overview

• 2007 PQRI Update
  – Common issues reported by eligible professionals
  – 2007 Incentive Payment and Feedback Reports
  – Help Desks
• Review MIPPA provisions relevant to new e-prescribing incentive
• Review e-prescribing measure in 2008 PQRI
• Implementation schedule for 2009 PQRI and e-prescriber incentive
• 2008 PQRI updates
  – 2008 Registries
Questions
Common Issues & Questions Reported by Eligible Professionals Who Participated in PQRI 2007

• Accessing the confidential feedback reports
• Understanding the feedback report
  – Performance rate calculation
  – Eligible instances to report
  – Measure Applicability Validation
• My office tracking system shows that I reported PQRI quality data codes correctly, but the feedback report shows differences in my reporting.
• My feedback report shows that I am due an incentive payment but I have not received it. When will I receive my incentive payment?
• How was the incentive payment calculated?
• What claims data was used to calculate my incentive payment and determine the 80% threshold?
2007 Incentive Payments

- Distributed by the Carrier or A/B Medicare Administrative Contractor (MAC)
- Issued beginning July 15, 2008
- Some carriers were delayed in distributing incentive payments
  - If you bill to multiple carriers, you will receive a separate payment from each carrier
- Identified as:
  - Paper checks- an explanatory message on the P4R lump sum bonus payments that says: “This check is for a P4R payment.”
  - Electronic transmissions- provider adjustment code “LS” (lump sum) will appear in PLB03-1 on the outgoing 835
- Tax Identification Number (TIN) Level Lump-Sum Payment
• **NOTE:** Only Medicare Part B claims which contained an individual National Provider Identifier (NPI) were included in the 2007 incentive payment calculation. Medicare Part B Claims which contained a legacy UPIN and no NPI were NOT included in the 2007 incentive payment calculation.

• Incentive amounts were calculated at the individual eligible provider (NPI) level

• Incentive payments were paid at the practice (TIN) level
Guide to Understanding the 2007 PQRI Incentive Payment

- To determine how the incentive payment was calculated and to understand key terms used in PQRI analysis and documentation

- “A Guide for Understanding the 2007 PQRI Incentive Payment” can be found at:

2007 Feedback Report at a Glance

- Includes three tables
  - Table 1
    - Earned Incentive Summary for Taxpayer Identification Number (Tax ID or TIN)
      - All EPs’ NPIs within TIN
      - Breakdown of each individual’s earned incentive
    - Accessible only by TIN
    - Up to TIN to distribute Table 2 information and, if applicable, Table 3, to individual EP’s NPI
  - Table 2
    - NPI Reporting Detail (if submitted at least one valid QDC)
    - One for each participating EP
  - Table 3
    - NPI Performance Detail
    - Available if EP had at least one reported instance for a PQRI measure
Table 1: Earned Incentive Summary for Taxpayer Identification Number (Tax ID)

• Each TIN will receive only one report
• Key points:
  – **Total Tax ID Earned Amount:** The total incentive amount earned by the Tax ID
  – **NPI Total Earned Incentive Amount:** The lesser of the 1.5% bonus calculation and the bonus cap calculation for each incentive-eligible professional’s NPI within the Tax ID
Table 1: Earned Incentive Summary for Taxpayer Identification Number (Tax ID)

<table>
<thead>
<tr>
<th>Carrier/MAC Identification #</th>
<th>Proportion of Incentive / Per Carrier/MAC</th>
<th>Tax ID Earned Incentive Amount Under Carrier/MAC</th>
</tr>
</thead>
<tbody>
<tr>
<td>17345</td>
<td>90.0%</td>
<td>$5,000.00</td>
</tr>
<tr>
<td>6789</td>
<td>10.0%</td>
<td>$600.00</td>
</tr>
</tbody>
</table>

Total Tax ID Earned Amount: $6,600.00

In this example, the TIN will receive a check/payment from two Carriers/MACs.

Total incentive amount earned by the individual EP within the billing Tax ID.

EP did not submit QDCs on any eligible measures.

Total incentive amount of all EPs calculated within the TIN.
Table 2: NPI Reporting Detail

- Each TIN receives report for each EP (identified by NPI) participating under TIN, in appropriate claim data fields for professional rendering service
- Provides details for each measure available for EP to report
- Reflects which measures were reported satisfactorily
  - **Measures Eligible**: Total number of measures for which EP’s NPI within Tax ID could have reported a valid QDC, based on measures specifications
  - **Measures Reported**: Total number of measures for which EP’s NPI within Tax ID reported at least one valid QDC
  - **Reporting Rate**: For each quality measure with eligible instances, EP’s reporting rate under this TIN is calculated by finding quotient of number of Reported Instances divided by number of Opportunities to Report
Table 2: NPI Reporting Detail

<table>
<thead>
<tr>
<th>NPI</th>
<th>NPI Name</th>
<th>Yes/No</th>
<th>Rationale</th>
<th>Measures Eligible</th>
<th>Measures Reported</th>
<th>Measures Satisfactorily Reported (≥80%)</th>
<th>NPI Total Earned Incentive Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>100000001</td>
<td>Doe, John</td>
<td>Yes</td>
<td>Reported satisfactorily</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>$1,500.00</td>
</tr>
</tbody>
</table>

Table 2: NPI Reporting Detail
Sorted by reporting rate and subsorted by opportunities to report

**Tax ID Name:** John Q. Public Clinic

**Earned Incentive**

<table>
<thead>
<tr>
<th>Measure Statement (Measure #)</th>
<th>Opportunities to Report</th>
<th>Reported Instances</th>
<th>Reporting Rate</th>
<th>Measure Validation Clinical Focus Area</th>
</tr>
</thead>
<tbody>
<tr>
<td>Heart Failure: Beta-blocker Therapy for Left Ventricular Systolic Dysfunction (M6)</td>
<td>200</td>
<td>180</td>
<td>90.0%</td>
<td>N/A</td>
</tr>
<tr>
<td>Screening for Future Fall Risk (#4)</td>
<td>500</td>
<td>400</td>
<td>80.0%</td>
<td>N/A</td>
</tr>
</tbody>
</table>

**Reporting Information**

Reporting rate is the reported instances divided by opportunities to report. 400 / 500 = 80.0%

**Amount** is the lesser of the 1.5% bonus calculation and the bonus cap calculation for each incentive -EP NPI within the Tax ID.

Two measures could have been reported

There were 100 missed opportunities to report, resulting in an 80% reporting rate.
Table 3: NPI Performance Detail

- Each TIN receives report for each EP (NPI) participating under TIN, in appropriate claim data fields for professional rendering service
- Reflects measures satisfactorily reported
- Provides performance details for each PQRI measure reported by EP’s NPI
  - Performance rates do not affect incentive payment for 2007 PQRI
  - Clinical Performance Rate: For each measure, EP’s NPI within TIN’s clinical performance rate is calculated by finding quotient of Clinical Performance Met (Numerator) for measure divided by Performance Denominator.
    - “Poor control” or “inappropriate care” measures - desirable to have lower rate
Table 3: NPI Performance Detail

- Clinical Performance Not Met:
  - **QDC Reported**: Number of QDC(s) reported indicates clinical performance not met. Includes instances where 8P modifier, G-code, or CPT II code used as performance failure for measure
  - **QDC Not Reported**: Number of instances where clinical performance not met due to QDC not reported for measure
  - **Insufficient QDC Information**: Number of instances where clinical performance not met due to insufficient QDC information from EP’s NPI/TIN combination
There were 100 instances where the patient was eligible to receive the quality action. 80 patients received the quality action (numerator QDC was successfully reported), resulting in an 80% clinical performance rate.

**Note:** You will not receive a Table 3 if the NPI had no reported instances for any measure.
Table 3: NPI Performance Detail

<table>
<thead>
<tr>
<th>Measure Statement (Measure #)</th>
<th>Opportunities to Report</th>
<th>Eligible Instances Excluded</th>
<th>Clinical Performance Numerator</th>
<th>Clinical Performance Denominator</th>
<th>Clinical Performance Not Met</th>
<th>National Comparison for Performance</th>
</tr>
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<tbody>
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<td></td>
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<td>25th Percentile</td>
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</tbody>
</table>

- **Clinical Performance Numerator divided by Clinical Performance Denominator** = 4 / 11 = 36.4%

The quality action was not performed for the patient, or the QDC was not reported, so the clinical performance was not met.

Clinical Performance Denominator = opportunities to report less eligible exclusions

12 – 1 = 11
Performance Rates

• 2008 PQRI reporting and performance rates calculated based on analytics for each PQRI measure specification
• Ensure data validity and reliability; however, caution that sample size may not fully reflect quality outcomes
• Actual results from reporting and performance feedback designed to stimulate improvement in the quality of patient care
• PQRI continues to encourage EPs to collect and report quality data to enhance pay-for-performance programs and quality outcomes for the future
Performance Rates

- Examples of feedback reporting/performance rate variances:
  - EP may have had other PQRI measures that could have been reported but did not, may not have passed MAV
  - EPs may have performed quality action and submitted quality-data code for the claim submitted which put the EP in eligible population for the measure (measure’s denominator), but a different EPs NPI appeared on the line item
  - EP attempted to submit QDC for measure but claims data was not linked to a specific NPI
  - Analytic interpretation may vary from how the EP reported the measure (i.e., codes were submitted from coder inaccurately)
2007 Feedback Reports

  - [http://www.qualitynet.org/pqri](http://www.qualitynet.org/pqri)
- 2007 Measure Applicability Validation (MAV) process
- An Individual Authorized Access to CMS Computer Services (IACS) log-in Account is required to access feedback reports
Step-by-Step IACS Registration

• For step by step instructions on attaining an Individuals Authorized Access to CMS Services (IACS) account, please refer to the following MLN Matters documents:
  • MLN SE0830 - Steps to Access 2007 PQRI Feedback Reports by Individual Eligible Professionals
    -OR-
  • MLN SE0831 - Steps to Access 2007 PQRI Feedback Reports by Organizations
Help Desk Support

• Three separate Help Desks are available for Assistance with IACS Accounts/Feedback Report Access/ & Payment Distribution Information
  – External User Services (EUS) Help Desk
  – QualityNet Help Desk
  – Provider Call Center (Carrier or A/B MAC)
External User Services (EUS) Help Desk

- External User Services (EUS) Help Desk
- 1-866-484-8049 or TTY 1-866-523-4759
- 7am - 7pm EST
- Eussupport@cgi.com
  - Register for an IACS Account
  - Access an IACS Account
  - Change and IACS Account
  - Assist with User Profile Update
  - Approve Security Official Roles
  - Respond to General Access Questions
QualityNet Help Desk

- QualityNet Help Desk
- 1-866-288-8912
- 7am - 7pm CST
- Qnetsupport@ifmc.sdps.org
- http://www.qualitynet.org > Physician Office tab > PQRI
  - Look-up feedback report availability for a specific TIN
    - Not authorized to provide details of the feedback report
  - Answer PQRI Portal access questions
  - Unable to access feedback reports
  - Feedback reports will not generate
  - Feedback report not reflecting data submitted
Provider Call Center (Carrier or A/B MAC)

• Provider Call Center (Carrier or A/B MAC)
• See Call Center Directory on CMS website
  – http://www.cms.hhs.gov/MLNGenInfo/
• Information about the distribution status of the incentive payment
• Incentive payment adjustments due to overpayment collection
2007 PQRI Reporting Participation Statistics

- 109, 349 NPI/TINs – Attempted to Submit
- 101,138 NPI/TINs – Submitted a Quality Data Code Successfully
  - A feedback report is available
- 70,207 NPI/TINS – Satisfactorily Reported 1 or more measures
  - A feedback report is available
- 56,722 NPI/TINs – Earned Incentive
  - A feedback report & incentive payment are available
2007 PQRI Reporting Analysis

• Reporting Grouped into 3 categories
  – No missing NPI data
  – Some missing NPI data
    • Missing NPI/blank
    • NPI only 6 digits not 9 digits
  – All NPI data missing
    • Corrupt or unreadable
• The Medicare Improvements for Patients and Providers Act (MIPPA), passed in July 2008, contained several new authorities and requirements for quality reporting and PQRI for 2009 and beyond.
• Section 131 directly impacts PQRI
• Section 132 contains the new electronic prescribing incentive provisions.
MIPPA Legislation – PQRI, Section 131

• PQRI 2009 incentive provided and raised to 2%
  – Eligible professionals shall be paid 2% incentive of estimated allowable charges submitted not later than 2 months after the end of the reporting period for 2009 quality measures.

• Adds qualified audiologists in the definition of eligible professionals.

• No effect on 2007 or 2008 incentive payments.
The MIPPA provides for a 2% incentive payment to eligible professionals who successfully prescribe (as defined by the statute) their patient’s medications electronically beginning in 2009.

The legislation specifically refers to the electronic prescribing measure currently in 2008 PQRI (measure #125).

E-Prescribing measure will be removed from PQRI for 2009 and added to the E-Prescribing incentive program.

The Secretary has the authority to update the specifications of the electronic prescribing measure in the future.
2008 PQRI – E-Prescribing Measure

• Electronic Prescribing Structural Measure (measure #125) qualifies as one of three required measures in PQRI to earn an incentive payment.
• Requirement for 2008 PQRI is to report the measure on 80% or more of eligible patients
• No separate incentive for successful E-Prescribing in 2008 PQRI
Electronic Prescribing Measure in 2008 PQRI

• Currently eligible professionals (EPs) can report that they electronically prescribe (eRx) medications using a qualified program as defined in PQRI measure #125 Adoption/Use of e-Prescribing by reporting one of the G-codes in the measure
• You must have and regularly use an electronic prescribing program to report the measure
• The electronic prescribing program must meet ALL of the requirements listed in PQRI measure #125
• If you have not adopted an electronic prescribing system that meets the specifications of the measure you cannot report on this measure
Qualified Electronic Prescribing Systems – Measure #125

- The measure assesses eligible professional’s use of electronic prescribing using a qualified system.
- As a qualified system, the program must be able to perform the following tasks:
  - Generate a medication list
  - Selecting medications, transmitting prescriptions electronically and conducting safety checks*
  - Providing information on lower cost alternatives
  - Providing information on formulary or tiered formulary medications, patient eligibility and authorization requirements received electronically from the patient’s drug plan
- *Safety checks include: automated prompts that offer information on the drug being prescribed, potential inappropriate dose or route of administration of the drug, drug-drug interactions, allergy concerns, and warnings/cautions.
Measure #125 for 2009 eRx

- The secretary may change the measure specifications until 12/31/08.
Successful Reporting of the eRx Measure for 2009

• The measure is intended to be reported on for EVERY patient visit in the denominator.

• Successful reporting is defined as reporting the measure on at least 50% of eligible patients.
  – Limitation: CPT codes that make up the denominator MUST account for at least 10% of the provider’s total allowed charges for Medicare Part B covered services.
Incentives for Successful electronic prescribing under MIPPA

• A 2% payment incentive for successful use of e-prescribing is available for 2009 & 2010.
• In 2011 and 2012 the payment incentive drops to 1% of covered Medicare Part B charges.
• In 2013 the incentive drops to 0.5% of the covered Medicare Part B charges
Future Penalties for Not Electronically Prescribing

• Eligible professionals who are not successfully using electronic prescribing by 2012 will be penalized 1% of their covered Medicare Part B charges.
  – This means that these providers will be paid at 99% for their covered Medicare Part B fee schedule services.
• Limitation applies as for incentives
• Fee reduction is prospective, providers will have to electronically prescribe by a date to be determined to be sure their fees are not reduced in 2012.
• This date will not be before 2010.
• Hardship exemption
Future Penalties for Not Electronically Prescribing

• In 2013 - 1.5% deducted from their covered Medicare Part B services.
  – Professionals will be paid at 98.5% of the physician fee schedule for covered services.
• In 2014 and beyond penalty will increase to 2%.
  – Professionals will receive 98% of the physician fee schedule for the covered services they provide.
Part D Information

• The Secretary has the authority to change the requirements for successful E-Prescribing in the future.
• The MIPPA legislation allows for future use of Part D data in lieu of claims-based reporting by eligible professionals.
Implementation Schedule for 2009 PQRI and e-Prescriber Incentive

• 2009 PQRI including applicable MIPPA provisions
  – Include in 2009 PFS Rule – comment period ended 8/29/08

• 2009 Electronic Prescribing Incentive
  – Those relevant to 2009 will be included in PFS Final Rule or otherwise implemented
Additional Information

• Secretary Leavitt will be hosting an electronic prescribing summit in Boston on October 6 & 7.
  – This will include presentations, panel discussions, and vendor demonstrations, etc.
  – Registration for the summit can be accessed at:
Registries

• CMS received over 55 self-nomination requests for registries to become “qualified” to submit quality data for possible incentive payment on behalf of their clients.

• 32 registries have been selected for “production” (eligible to earn a payment incentive for their providers)

• The final list of “qualified” registries is posted on the PQRI website at: http://www.cms.hhs.gov/PQRI/20_Reporting.asp#TopOfPage and go to the first download ("2008 List of Qualified Registries")
### “Qualified” Registries

<table>
<thead>
<tr>
<th>Registry Name</th>
<th>Website</th>
</tr>
</thead>
<tbody>
<tr>
<td>American Board of Family Medicine</td>
<td><a href="http://www.theabfm.org">http://www.theabfm.org</a></td>
</tr>
</tbody>
</table>
| American Osteopathic Association     | [http://www.do-online.org](http://www.do-online.org)  
  OR  
| CECity                               | [http://www.pqrinet.com](http://www.pqrinet.com) |
| Cedaron                              | [http://www.cedaron.com](http://www.cedaron.com)  
  email: [cedaron@cedaron.com](mailto:cedaron@cedaron.com) |
“Qualified” Registries

- Central UtahClinic  http://pqri.centralutahclinic.com/
- Cerner  http://www.cerner.com/public
- Cielo MedSolutions, LLC  http://www.cielomedsolutions.com
- Clinical Integration Networks of America,  http://www.cina-us.com
- DocSite, LLC  http://www.dossite.com
“Qualified” Registries

• Focus On Therapeutic Outcomes, http://www.fotoinc.com
  email: foto@fotoinc.com

• GE Healthcare http://www.gehealthcare.com

• ICLOPS, LLC http://www.iclops.com

• Indiana Health Information Exchange http://www.ihie.com

• Intellicure Research Consortium http://www.intellicureresearch.com

• Intelligent Healthcare http://www.intelhc.com/Home2.aspx
“Qualified” Registries

Lehigh Valley Physician Group Patient Registry
http://www.lvhn.com/begin.asp

Maine General Health
http://www.mainegeneral.org

MaineHealth
http://www.mmcp.org

MDDatacor
http://www.mddatacor.com/MDD/pqri/solutions.html

National Cardiac Data Registry (a.k.a. ACC)
http://www.ncdr.com

NCQA
http://www.ncqa.org
“Qualified” Registries

Outcome
http://www.outcome.com/programs-total-quality.htm

Patient360
http://www.patient360.com

Phytel, Inc.
http://www.phytel.com

Presbyterian Healthcare Services
http://www.phs.org
“Qualified” Registries

• Providence Physician Division  http://www.providence.org/oregon

• Rush Health Associates  http://www.rush.edu

• Society of Thoracic Surgeons (STS)*  http://www.sts.org

• Team Praxis  http://www.teampraxis.com

*Plans to submit for services rendered in 2009 (pending registry use decisions in final rule).
“Qualified” Registries

- University of Wisconsin Medical Foundation
  linda.drummond@uwmf.wisc.edu

- WellCentive, LLC
  http://www.wellcentive.com

- Wisconsin Collaborative
  http://www.wchq.org
Registries

• Becoming a “qualified” registry is not a guarantee by CMS that the registry will be successful submitting data on behalf of their clients.

• These registries, however, have gone through a complete evaluation of their measure calculations and a test that their system can successfully communicate with our data warehouse.
6 Registry-Based Options

Reporting Period:
January 1, 2008 -
December 31, 2008

Individual Measures:
80% of applicable cases
Minimum 3 measures

One Measures Group:
30 consecutive patients
OR
80% of applicable cases

Reporting Period:
July 1, 2008 –
December 31, 2008

Individual Measures:
80% of applicable cases
Minimum 3 measures

One Measures Group:
15 consecutive patients
OR
80% of applicable cases
Registry Participation

• Contact any registry on the list via their website to ensure that they will be submitting quality data to CMS using the reporting period (6 months vs. 12 months), the option (individual measures vs. measures groups), and the specific measures or measures groups that you would like to report (for services you render).
Additional PQRI Resources

For more information on PQRI you may contact your Regional Office, Carrier, or visit [http://www.cms.hhs.gov/pqri](http://www.cms.hhs.gov/pqri)

Thank you!