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Centers for Medicare & Medicaid Services

2008 Physician Quality Reporting Initiative (PQRI)
August 13, 2008
National Provider Call

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Overview

- 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
- 2007 and 2008 PQRI updates
 - 2008 Registries
 - 2007 Payment and Feedback Reports
- Questions

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MIPPA Legislation - PQRI

- 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 impacted PQRI while section 132 contains the new electronic prescribing provisions.

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MIPPA Legislation - PQRI

- 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.
- There is no effect on 2007 or 2008 payments under section 131.

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MIPPA Legislation – Successful Electronic Prescriber

- The Medicare Improvements for Patients and Providers Act (MIPPA), passed in July 2008, provides for a 2% incentive payment to eligible professionals who successfully prescribe their patients' medications electronically.
- The legislation specifically refers to the electronic prescribing measure currently in 2008 PQRI (measure #125).
- E-Prescribing measures removed from PQRI for 2009.
- The Secretary has the authority to update the codes of the electronic prescribing measure in the future.

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MIPPA Legislation – Successful Electronic Prescriber

- Successful reporting is defined as reporting the measure on at least 50% of eligible patients.
 - Limitation: CPT codes that make up the denominator account for at least 10% of the provider's total allowed charges for Medicare Part B covered services.

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Status of Electronic Prescribing (eRX) in 2008

- 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 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 the measure.

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2008 PQRI

- Electronic Reporting Structural Measure qualifies as one of three required measures in PQRI to earn an incentive payment.
- Requirement for 2008 PQRI to report measure on 80% or more of their eligible patients.

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Qualified Electronic Prescribing (eRx) Systems

- 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
 - Select medications, transmit prescriptions electronically and conduct safety checks*
 - Provide information on lower cost alternatives
 - Provide 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.

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Successful Reporting of the eRx Measure

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

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Incentives for Successful Electronic Prescribing under MIPPA

- A 2% payment incentive for successful use of e-prescribing is also available for 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.

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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.

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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 (PFS) for covered services.
- In 2014 and beyond penalty will increase to 2%.
 - Professionals will receive 98% of the PFS for the covered services they provide.

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Part D Information

- The Secretary has the authority to change the requirements for successful reporting in the future, based on number of Part D prescriptions.
- The MIPPA legislation allows for future use of Part D data in lieu of claims-based reporting by eligible professionals.

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Implementation Schedule for 2009 PQRI and E-Prescriber Incentive

- 2009 PQRI provisions
 - Part of 2009 PFS Rule now in period of public comment.
- 2009 Electronic Prescriber and other MIPPA provisions
 - Those relevant to 2009 will be included in Final Rule or otherwise implemented.

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Registries

- CMS received over 50 self-nomination requests for registries to become “qualified” to submit quality data for possible incentive payment on behalf of their clients.
- 32 registries are in the process of being evaluated.
- The final list of “qualified” registries will be posted on the PQRI website on or before 8/31/08.

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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 will, however, have gone through a complete evaluation of their measure calculation and a test that their system can successfully communicate with our data warehouse.

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2007 Incentive Payments

- Distributed by the Carrier or A/B Medicare Administrative Contractor (MAC).
- Issued July 15-31, 2008.
- TIN-Level Lump-Sum Payment
 - Payment made to Taxpayer Identification Number (Tax ID Number or TIN) under which Medicare Part B claims were paid.
 - Payments for individual professionals whose billings are paid to another TIN are rolled up to the TIN-level.
- 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.

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2007 Feedback Reports

- One feedback report will be prepared for each TIN.
- The group practice will be responsible for sharing NPI-level information with the appropriate professionals in the group practice.
- Feedback reports are available on-line (*since July 10, 2008*).
- An Individual Authorized Access to CMS Computer Services (IACS) log-in Account is required to access feedback reports.
http://www.cms.hhs.gov/IACS/04_Provider_Community.asp#TopOfPage.
- Three separate Help Desks are available for assistance with IACS Accounts/Feedback Reports Access/General Information & Payment Issues:
 - External User Services (EUS) Help Desk
 - QualityNet Help Desk
 - Provider Call Center (Carrier or A/B MAC)

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External User Services (EUS) Help Desk

- 1-866-484-8049 or TTY 1-866-523-4759
7 a.m. – 7 p.m. EST

Eussupport@cgi.com

- http://www.cms.hhs.gov/IACS/04_Provider_Community.asp#TopOfPage
 - Register for an IACS Account
 - Access an IACS Account
 - Change an IACS Account
 - Assist with User Profile Update
 - Approve Security Official Roles
 - Respond to General Access Questions

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QualityNet Help Desk

- 1-866-288-8912
7 a.m. – 7 p.m. CST

qnetsupport@ifmc.sdps.org

- <http://www.qualitynet.org> > Physician Offices tab > PQRI
 - Search the Report Delivery System to determine if there is a feedback report available for a specific TIN
 - Answer PQRI Portal access questions
 - Unable to access feedback reports
 - Feedback reports will not generate
 - Feedback report not reflecting data submitted

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Provider Call Center (Carrier or A/B MAC)

- See Call Center Directory on CMS website - <http://www.cms.hhs.gov/MLNGenInfo/>

Status of Incentive Payment

- Did I receive an incentive payment?
- Has my incentive payment been distributed?
- Incentive Payment Adjustments due to Overpayment Collection

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2007 PQRI Reporting Participation Statistics

- 109,349 NPI/TINs – Attempted Submission
- 101,138 NPI/TINs – Submitted a Quality- Data Code Successfully
- 70,207 NPI/TINs – Satisfactorily Reported 1 or more measures
- 56,722 NPI/TINs – Earned Incentive

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Frequently Asked 2007 Incentive Payments and Feedback Report Questions

- I reported PQRI quality-data codes, but have not received an incentive payment.
- I have accessed the PQRI Portal and have no feedback report.
- When will I receive my incentive payment?
- How was the incentive payment calculated?
- Can CMS tell me how much my incentive payment is?
- What claims data was used to calculate my incentive payment and determine the 80% threshold?

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Additional PQRI Resources

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

Thank you!