

CMS Special Open Door Forum on 2008 PQRI – Participation by the American Optometric Association (AOA)

PQRI 2008 and Beyond

Rebecca H. Wartman, OD

AOA Correct Coding Trends Committee

Disclaimers

This presentation is:

- Current at the time it was published.
- Links to source documents have been provided for your reference, as measure specifications may change up to 12/31/08.
- Prepared as a tool to assist providers and is not intended to grant rights or impose obligations.
- Every reasonable effort has been made to assure the accuracy of the information.
- Ultimate responsibility for the correct submission of claims and response to any remittance advice lies with the provider of services.
- The American Optometric Association, agents, and staff make no representation, warranty, or guarantee that this compilation of Medicare information is error-free and will bear no responsibility or liability for the results or consequences of the use of this material.

Disclaimers

This presentation is:

- A general summary that explains certain aspects of the Medicare Program, but is not a legal document. The official Medicare Program provisions are contained in the relevant laws, regulations, and rulings.
- The Medicare Learning Network (MLN) is the brand name for official CMS educational products and information for Medicare fee-for-service providers. For additional information visit the Medicare Learning Network's web page at <http://www.cms.hhs.gov/MLNGenInfo> on the CMS website.
- Current Procedural Terminology (CPT) is copyright 2008 American Medical Association. All Rights Reserved. No fee schedules, basic units, relative values, or related listings are included in CPT. The AMA assumes no liability for the data contained herein. Applicable FARS/DFARS restrictions apply to government use.

Physician Quality Reporting Initiative PQRI

- Pay for Reporting – Voluntary for 2007-2009
- Tax Relief and Health Care Act of 2006 (TRHCA)
 - Authorizes financial incentive for professionals by reporting quality data
- Medicare, Medicaid, and SCHIP Extension Act of 2007 (MMSEA)
 - Continued authorization for PQRI in 2008-2009
- Medicare Improvements for Patients and Providers Act of 2008 (MIPPA)
 - Expands bonus payments for 2009-2010

Quality and PQRI

- PQRI focus on quality of care
 - Measures evidence-based with professional input
 - Reporting financially rewarded
 - Measurement enables improved care
 - First step toward pay for performance

PQRI Reporting

- CPT Category II codes used
 - measures without published CPT II codes may require use of G-codes
 - CPT II codes implemented before published in CPT book are posted on line
 - Not all published CPT II codes utilized for PQRI
 - CPT II codes that are used in PQRI are referred to as Quality Data Codes (QDCs)

PQRI Reporting

- Paper-based CMS 1500 claims
- Electronic 837-P claims
- Reported on the same claims as CPT I
- No registration is required to participate
- Still voluntary for 2008 and 2009

PQRI Determination of Satisfactory Reporting

Must report on at least 3 measures for 80% of the applicable cases to meet eligibility for bonus payment.

AOA recommendation:

- Submit CPT II (QDC Codes) or G codes on all **reportable** cases
- Ensures 80% goal will be met for bonus

PQRI Participation Strategies: Reporting Quality Data

- CPT II code/Quality Data Code (QDC) may be charged at \$0.00 (or nominal \$, e.g. .01)
- Must file with CPT I
- PQRI line items will be denied for payment as noted on Explanation of Benefits (EOB)
- **BUT**, Sent to National Claims History (NCH) file for PQRI analysis
- MAY NOT resubmit only to add QDC - will **not** be included in the analysis or counted

PQRI Bonus Payment

- 1.5% bonus payment for 2008 (checks mailed in July), 2% bonus payment for 2009
- Bonus based on all Medicare allowable charges
- Includes TC of diagnostic services (CPT code with modifier)
- Bonus paid to holder of TIN - Feedback reports identify breakdown by NPI

PQRI

Eye Care Measures

- Numerator
 - Appropriate CPT II Code (Quality Data Code (QDC))
- Denominator
 - CPT I codes **plus** appropriate diagnosis for the CPT II performance measure reporting
 - Other factors like age and frequency

2008 PQRI Measures

- 119 measures for 2008
- 4 specific eye care quality measures
- 2 Health IT structural measures
- 5 other preventive measures *may* be used by OD's
- 2008 claims-based reporting: 1/1/2008 to 12/31/2008

PQRI Participation Strategies

Reporting Quality Data

- Identifying ICD-9 and CPT I codes
- Choosing CPT II codes (QDCs)
- Using exclusion modifiers
 - 1P, 2P, 3P or 8P
- G codes used for some measures
- No modifiers apply with G codes
- Different code for each situation

CPT II Modifiers

- Modifiers only used with CPT II codes (QDCs)
- Modifiers indicate exclusions
 - 1P exclusion due to medical reasons
 - 2P exclusion due to patient reasons
 - 3P exclusion due to system reasons
 - 8P not performed, not otherwise specified

2007 Eye Care Measures No Longer Applicable in PQRI

- **#13 4007F**

ARMD – ARED Prescribed/Recommended (RETIRED)

- **#15 1055F**

Cataracts - Visual Functional Status Assessment
(RETIRED)

- **#16 3073F**

Cataracts - Pre-surgical Measurements (RETIRED)

- **#17 2020F**

Cataracts - Pre-Surgical Dilated Fundus Evaluation
(RETIRED)

2008 Measures for Eye Care

Measure #12 2027F

Primary Open Angle Glaucoma Optic Nerve Evaluation

Numerator: 2027F

Denominator: 18 years or older

365.01, 365.10, 365.11, 365.12,
365.15

99201 – 99215, 99241 – 99245,

92002 – 92014,

99307-99310, 99324-99337 * (*new*)

At least once in 12 month period

2008 Measures for Eye Care

Measure #12 2027F Modifiers

- 1P: **Not** performed for documented medical reasons
- 3P: **Not** performed for system reason*
(provider is not primarily responsible for glaucoma management)
- 8P: **Not** performed, reason not otherwise specified

**Change for 2008, added 3P modifier for use
Added 99307-99310, 99324-99337*

2008 Measures for Eye Care

Measure #14 2019F

ARMD-Dilated Macular Examination

Numerator: 2019F

Denominator: 50 years or older

362.50

362.51

362.52

99201- 99215, 99241 – 99245,

92002 – 92014,

*99307-99310, 99324-99337 *(new)*

Document +/- macular thickening and +/- hemes

At least once in 12 month period

2008 Measures for Eye Care

Measure #14 2019F Modifiers

- 1P: Medical reason (s) for not performing
- 2P: Patient reason for not performing
- *3P: System reason not performed**
(provider is not primarily responsible for ARMD management)
- 8P: Other reasons for not performing

**Change for 2008, added 3P modifier for use
Added 99307-99310, 99324-99337*

2008 Measures for Eye Care

Measure #18 2021F

DR-Documentation of +/-Macular Edema and Level of Severity of Retinopathy

Numerator: 2021F

Denominator: 18 years or older

362.01,362.02,362.03,362.04,362.05,362.06

99201– 99215, 99241 – 99245,

92002 – 92014,

*99307-99310, 99324-99337 * (New)*

Must code DR before you can code ME (362.07). Not used without DR/ME.

At least once within 12 month period

2008 Measures for Eye Care

Measure #18 2021F Modifiers

- 1P: Documentation of medical reason not performed
- 2p: Documentation of patient reasons not performed
- *3P: Documentation of system reason for exclusion*
(provider is not primarily responsible for the management of the retinopathy)*
- 8P: Documentation of other reasons not performed

**Change for 2008, added 3P modifier for use*

Added 99307-99310, 99324-99337

2008 Measures for Eye Care

Measure #19 5010F and G8397 OR G8398 alone

Diabetic Retinopathy Communication with Physician Managing Ongoing Diabetes Care

Numerator: 5010F (+/- modifier) **AND** G8397 **OR** G8398 (alone)

Denominator: 18 years or older with DR
362.01,362.02,362.03,362.04,362.05,362.06
99201– 99215, 99241 – 99245,
92002 – 92014,
99307-99310, 99324-99337 * (New)

At least once in 12 month period, communication documented

2008 Measures for Eye Care

Measure #19 5010F Modifiers

- 2P: Documentation of patient reasons for not communicating
- *3P: Documentation of system reason for exclusion **
(provider is not primarily responsible for the management of DR)
- 8P: Documentation of other reasons for not communicating

**Change for 2008: Modifier 1 P has been eliminated, 3P has been added*

*Must also code either G8397 or G8398, instead of with required 2021F
Added 99307-99310, 99324-99337*

2008 Measures for Eye Care

Measure #19 5010F and G8397 OR G8398 alone

G8397: Dilated macular or fundus exam performed, including documentation of the presence or absence of macular edema AND level of severity of retinopathy

OR

G8398: Dilated macular or fundus exam not performed

Measure #19 5010F and G8397

- **5010F and G8397**

DR comm occurred and dilated fundus exam performed

- **5010F 2P and G8397**

***NO** DR comm occurred due to patient reasons but dilated fundus exam performed*

- **5010F 3P and G8397**

***NO** DR comm occurred due to system reasons but dilated fundus exam performed*

- **5010F 8P and G8397**

***NO** DR comm occurred due to unspecified reasons but dilated fundus exam performed*

Measure #19 - G8398 alone

Use G8398 alone if no dilated exam occurred

G8398

*No DR comm occurred because **no** dilated exam performed*

2008 Measures – Diabetes

Measure #117 2022F, 2024F, 2026F, 3072F
Dilated Eye Exam in Diabetic Patient

NOW lists 92 codes in denominator

Change from 2007

Can now be reported by optometrists, as well as other physicians managing care of diabetic patient to report that they have reviewed report of dilated eye exam transmitted by OMD/OD

2008 Measures - Diabetes

Measure #117 2022F, 2024F, 2026F, 3072F

Dilated Eye Exam in Diabetic Patient

Numerator:

- **2022F** Dilated retinal eye exam with interpretation by an OMD or OD documented and reviewed
- **2024F** 7 standard field stereoscopic photos with interpretation by an OMD or OD documented and reviewed
- **2026F** Eye imaging validated to match diagnosis from seven standard field stereoscopic photos results documented and reviewed
- **3072F** Low risk for retinopathy (no retinopathy in prior year)

2008 Measures - Diabetes

Measure #117 2022F, 2024F, 2026F, 3072F

Dilated Eye Exam in Diabetic Patient

Denominator: 18 to 75 years old

250.00-250.03, 250.10-250.13, 250.20-250.23, 250.30-250.33, 250.40-250.43, 250.50-250.53, 250.60-250.63, 250.70-250.73, 250.80-250.83, 250.90-250.93, 357.2, 362.01-362.07, 366.41, 648.00-648.04

92002-92014, 99201-99215, 99217-99220,
99242 – 99245, 99455 - 99456

Modifier: 8P no dilation performed, reason not specified

At least once in 12 month period

2008 Measures for Health IT

Measure #124 G8447 or G8448 or G8449

HIT - Adopt/Use of Health Information Technology (EHRs)

(You must have and routinely use a CCHIT certified or a qualified EMR (as defined in the measure))

Numerator:

G8447: Patient encounter documented using CCHIT Certified or Qualified EMR

G8448: Patient encounter documented using non-CCHIT certified EMR but the system met qualifications listed in the measure

G8449: Patient encounter was not documented using an EMR due to system reasons such as, the system being inoperable at EMR the time of the visit. Use of this code implies that an is in place and generally available

2008 Measures for Health IT

Measure #124 G8447 or G8448 or G8449

HIT - Adopt/Use of Health Information Technology (EHRs)

(You must have and routinely use a CCHIT certified or a qualified EMR (as defined in the measure))

Denominator: 18 years or older

90801 – 90809, **92002 – 92014**, 96150 – 96152,
97001-97004, 99750, 97802 – 97804, 98940 –
98942, **99201-99215**, 99241-99245,

D7140,

D7210, G0101, G0108, G0109,

G0270, G0271

Reported on every encounter if qualified

No modifiers listed

2008 Measures for Health IT

Measure #124 G8447 or G8448 or G8449
HIT-Adopt/Use of Health Information Technology
(EHR)

- A. Certified/qualified EMR (CCHIT)
- B. Non- CCHIT certified EMR that is capable of generating:
 - 1. Medication list
 - 2. Problem list
 - 3. Entering laboratory tests as discrete searchable elements

Currently no commercially available, certified optometry-specific EMR's

2008 Measures for Health IT

Measure #125 G8443, G8445, G8446

HIT-Adopt/Use of E-Prescribing

(WILL CHANGE IN 2009, WILL NOT BE A PQRI MEASURE)

Please see the specific CMS measure for more details on 2008 PQRI reporting.

For 2009, CMS will provide guidance on how to report use of qualified E-Rx separate from the PQRI for an additional bonus.

For more information on E-prescribing, see the AOA Health IT web page at www.aoa.org/x9951.xml

AOA encourages all ODs to explore the use of E-Rx technology.

2008 Measures - Preventive

- Measure 128: Universal Weight Screening and Follow-Up
- Measure 114: Inquiry Regarding Tobacco Use
- Measure 115: Advising Smokers to Quit
- Measure 129: Universal Influenza Vaccine Screening and Counseling

See Filing Specifications and Examples for detailed reporting information -

<http://www.aoa.org/pqri.xml#Specifics>

2008 Measures - Other

Other Preventive Measures not commonly reported by Optometrists (but showing up on 2008 PQRI Feedback Reports due to E/M codes in Denominator, no specific diagnosis codes)

- Measure Number 4 - Screening for falls risk
- Measure Number 39 - Screening for osteoporosis
- Measure Number 46 - Medication
- Measure Number 47 - Advance care plan
- Measure Number 48 - Urinary incontinence

New Measures *Proposed* for 2009 – Current Eye Care Test Measures

Will be finalized in MPFS Final Rule in November

- **#T139: CPT II 0014F - Cataracts: Comprehensive Preoperative Assessment for Cataract Surgery with Intraocular Lens (IOL) Placement**
 - *Reported by the physician performing the surgery*
- **#T140: CPT II 4177F - Age-Related Macular Degeneration (AMD): Counseling on Antioxidant Supplement**
- **#T141: CPT II 3284F - Primary Open-Angle Glaucoma (POAG): Reduction of Intraocular Pressure (IOP) by 15% OR Documentation of a Plan of Care**

New Measures *Proposed* for 2009 – 2008 Test Measures

- Measure specifications for test measures are detailed out at <http://www.aoa.org/x10276.xml>.
- Subject to change before in 2009 *if adopted in the final rule*. Stay tuned for AOA's final measure guidance in future AOA publications!
- You may recall that these measures reflect revision to measures that were included in 2007 PQRI and deleted in 2008 to allow for revisions.

PQRI: Proposed for 2009

- Measures via rulemaking, Proposed via Medicare Physician Fee Schedule Proposed Rule, 6/30/2008; Finalized by 11/15/2008
- Proposed Measures:
 - 113 current 2008 PQRI measures
 - 17 new measures that have been endorsed by the National Quality Forum (NQF)
 - 20 new measures that have been adopted by the AQA
 - 25 new measures proposed for 2009 contingent on NQF endorsement or AQA adoption

New Alternative Reporting Options for 2008-2009 - Not Likely to Be Used by Optometrists

- Reporting of Measures Groups
 - require reporting a set of related measures
 - the goal is to assure patients appropriate care for clinical situation
 - accept PQRI data via clinical registries and electronic health records systems

New Alternative Reporting Options for 2008-2009 - Not Likely to Be Used by Optometrists

- In 2009, CMS is increasing the number of conditions covered by measures groups to nine, adding:
 - coronary artery disease
 - HIV/AIDS
 - coronary artery bypass surgery
 - rheumatoid arthritis
 - care during surgery
 - back pain
- 2008 measure groups include: diabetes, chronic kidney disease, and preventive care

Diabetes Mellitus Measure Group

- Measure #1 - Hemoglobin A1c Poor Control in DM 1 & 2
- Measure #2 - Low Density Lipoprotein Control in DM 1 & 2
- Measure #3 - High Blood Pressure Control in DM 1& 2
- *Measure #117 - Dilated Eye Exam in Diabetic Patient*
- Measure #119 - Urine Screening for Microalbumin or Medical Attention for Nephropathy in Diabetic Patients

Preventive Measure Group

- Measure #39 - Screening or Therapy for Osteoporosis for Women Aged 65 Years and Older
- Measure #48 - Assessment of Presence or Absence of Urinary Incontinence in Women Aged 65 Years and Older
- Measure #110 - Influenza Vaccination for Patients > 50 Years Old
- Measure #111 - Pneumonia Vaccination for Patients 65 Years and Older
- Measure #112 – Screening Mammography
- Measure #113 – Colorectal Cancer Screening
- Measure #114 – Inquiry Regarding Tobacco Use
- Measure #115 – Advising smoker to quit
- Measure #128 – Universal weight screening and follow-up

**CMS Special Open Door Forum on
2008 PQRI – Participation by the
American Optometric Association
(AOA)**

PQRI Analysis and Feedback Reports

Harvey Richman, OD

AOA Correct Coding Trends Committee

PQRI Analysis and Qualifying for Bonus Payment

Analysis by individual NPI under each TIN

Correctly reported individual NPIs on claim

- Individual providers must be identified
- Feedback Report prepared for each TIN broken down by NPI

Must reach the 80% reporting threshold on at least three measures to qualify for bonus incentive

- Bonus incentive based on CMS' estimate of all allowed charges for each eligible professional's covered services:
 - During 2007 reporting period (Jul 1 – Dec 31, 2007)
 - Submitted to Carrier or A/B MAC by February 29, 2008
 - Paid under Medicare Physician Fee Schedule (MPFS)

PQRI Bonus Payment

- Incentive payments for satisfactory reporting measures in 2007 issued mid-late July 2008
 - Electronically or via check, depending on how you receive payments from Medicare
 - may be rolled into a check for other Medicare claims
- Payment made to Taxpayer Identification (TIN) under which claims were paid
- Payments for individual professionals whose billings are paid to another TIN are rolled up to that TIN

PQRI Bonus Payment

- Payments to TINs billing through multiple Carriers/Contractors may be split among Carriers/MACs
- TINs will receive Remittance Advice (RA)
- Feedback reports available separately

PQRI Feedback Reports

- 2007 PQRI feedback reports available as of July 2008.
 - No interim reports in 2008 or 2009
- Reports accessible by TIN then data can be shared with each NPI in group practices
- Reports accessible through a secure, on-line mechanism - Individuals Authorized Access to CMS Computer Services Provider Community (IACS-PC)

How to Access PQRI Feedback Reports

- **Step 1: IACS registration**
- **Step 2: Request access to PQRI application via IACS**
- **Step 3: Enter the PQRI application**
- Access application portal at <https://applications.cms.hhs.gov>.

Step 1 – Application for Register: Determine User Type for Registration

- Individuals
 - Those who do not reassign Medicare benefits to another party (such as employer, partnership or group) and will access PQRI reports personally
- Organizations
 - Those who reassign payments (such as employer partnership or group)
 - Individual professionals who want to use staff to access their feedback report

Organization Registration

- Must assign several “roles”:
 - Security official (does not have access to feedback reports, simply controls IACS registration)
 - Backup security official (optional)
 - User group administrator
 - End user (optional)
- Up to 2 individuals are able to access the 2007 PQRI feedback report for each organization. (User Group Admin and/or End Users)

After Registration

- Receive confirmation e-mail that IACS received your request, assigned a request number
- Use that request number if you contact CMS regarding your registration request
 - Do not reply to the system-generated e-mail; contact EUS Help Desk directly
- Contact EUS Help Desk if do not receive e-mail notification within 24 hours after registering
- Allow 10 days for registration to process

Step 2: Initial IACS Login

- Using the User ID and onetime password provided, login to the IACS system at <https://applications.cms.hhs.gov> to change your password
- Then Proceed to “Account Management”, then “My Profile”

Step 3: Access PQRI Portal for Report

- If you have completed IACS vetting for a PQRI role and TIN has a report, an e-mail will be sent alerting you to the report's availability
- Go to PQRI Portal on QualityNet at <http://www.qualitynet.org/pqri>
- PQRI Portal via QualityNet is the secured entry point to access reports
 - Report stored safely online, accessible only to you (and those you specifically authorize) through IACS web application

2007 PQRI Feedback Reports

RESOURCES

MedLearn Articles:

- MLN SE0830 - Steps to Access 2007 PQRI Feedback Reports by Individual Eligible Professionals
 - <http://www.cms.hhs.gov/PQRI/Downloads/PQRISE0830.pdf>
- MLN SE0831 - Steps to Access 2007 PQRI Feedback Reports by Organizations
 - <http://www.cms.hhs.gov/PQRI/Downloads/PQRISE0831.pdf>

CMS Walk-Through (Tutorial) of IACS and PQRI Portal Process

- <http://www.cms.hhs.gov/PQRI/Downloads/PQRINationalProviderCall20080709.zip>

Three Tables in Feedback Report

Table 1

- Earned Incentive Summary for TIN
 - All PQRI participants' 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 NPI

Table 2

- NPI Reporting Detail (if submitted at least one valid QDC)
- One for each participating optometrist

Table 3

- NPI Performance Detail
- Available if optometrist had at least one reported instance for a PQRI measure

Table 1: Earned Incentive Summary for Tax ID

2007 PHYSICIAN QUALITY REPORTING INITIATIVE FEEDBACK REPORT

Participation in PQRI is at the individual National Provider Identifier (NPI) level within a Taxpayer Identification Number (Tax ID or TIN). All Part B Medicare claims submitted with PQRI quality-data codes for services furnished from July 1, 2007 through December 31, 2007 were analyzed to determine whether the eligible professional earned a PQRI bonus incentive. The amounts earned for each NPI within this Tax ID are summarized below. More information regarding the PQRI program is available on the CMS

Table 1: Earned Incentive Summary for Taxpayer Identification Number (Tax ID)

Sorted by earned incentive and subsorted by NPI name.

Tax ID Name: John Q. Public Clinic

Tax ID Number: XXXXX6789

SAMPLE

Distribution of Total Incentive Earned Among Carriers &/or A/B MACs That Processed Payments		
Carrier/MAC Identification #	Proportion of Incentive Per Carrier/MAC	Tax ID Earned Incentive Amount Under Carrier/MAC
12345	90.0%	\$5,400.00
6789	10.0%	\$600.00

Total Tax ID Earned Amount: \$6,000.00

NPI	NPI Name [«]	Earned Incentive [•]		Measures Eligible [°]	Measures Reported	Measures Satisfactorily Reported (≥80%)	NPI Total Earned Incentive Amount
		Yes/No	Rationale				
100000001	Doe, John	Yes	Reported satisfactorily	2	2	2	\$1,500.00
100000004	Jones, Sue	Yes	Reported satisfactorily	3	1	1	\$2,500.00
100000003	Not Available	Yes	Reported satisfactorily	8	5	5	\$2,000.00
100000002	Smith, Peter	No [^]	Did not pass MAV	5	1	1	N/A
100000006	Not Available	No	Insufficient # measures reported at 80%	8	1	0	N/A
100000005	Not Available	No	Not participating	1	0	0	N/A
Total:							\$6,000.00

^oThe percentage of the total incentive amount earned by the NPIs within the Tax ID, split across carriers based on the proportionate split of the Tax ID's total allowed Medicare Physician Fee Schedule (MPFS) charges billed across the carriers. (100% of incentive will be distributed by a single carrier if a single carrier processed all July 1 – December 31, 2007, claims for the Tax ID).

[•]An NPI reporting 3 measures on 80% or greater of reporting opportunities, or 1 OR 2 measures 80% or greater and not found by the Measure-Applicability Validation (MAV) process to have been eligible to submit additional applicable measures is eligible to receive a PQRI incentive. More information regarding the incentive calculations is available on the CMS website.

^{*}The number of measures eligible is based on claims for the measure denominator without regard to specialty.

[«]Name identified by matching the identifier number in the CMS national Provider Enrollment Chain and Ownership System (PECOS) database. If the organization or professional's enrollment record or enrollment changes have not been processed to be established in the national PECOS database as well as at the local Carrier or A/B MAC systems at the time this report was produced, this is indicated by "Not Available". This does not affect the organization's or professional's enrollment status or eligibility for a 2007 PQRI incentive payment, only the system's ability to populate this field in the report.

[^]NPIs within the TIN submitting only 1 OR 2 measures and submitting each at or above 80% are subject to Measure-Applicability Validation (MAV). NPIs within the TIN are ineligible for the incentive if they were eligible to report additional measure(s) but they did not report on the(se) measure(s). A detailed description of the MAV process is available on the CMS website.

[°]Incentive amount was subject to cap. More information regarding the incentive calculations is available on the CMS website.

Caution: This report may contain a partial or "masked" Social Security Number (SSN/SSAN) as part of the TAX ID Number (TIN) field. Care should be taken in the handling and disposition of this report to protect the privacy of the individual practitioner this SSN is potentially associated with. Please ensure that these reports are handled appropriately and disposed of properly to avoid a potential Personally Identifiable Information (PII) exposure or Identity Theft risk.

Table 2: NPI Reporting Detail

2007 PHYSICIAN QUALITY REPORTING INITIATIVE FEEDBACK REPORT							
Participation in PQRI is at the individual National Provider Identifier (NPI) level within a Tax ID. All Part B Medicare claims submitted with PQRI quality data codes for services furnished from July 1, 2007 to December 31, 2007 were analyzed to determine whether the eligible professional earned a PQRI bonus incentive. The results below are the individual NPI's reporting calculations for each measure. There will be one NPI reporting detail report for each NPI who could have reported PQRI measures under this Tax ID. More information regarding the PQRI program is available on the CMS website, www.cms.hhs.gov/pqri .							
Table 2: NPI Reporting Detail							
<i>Sorted by reporting rate and subsorted by opportunities to report</i>							
Tax ID Name: John Q. Public Clinic							
NPI	NPI Name	Earned Incentive ^a		Measures Eligible	Measures Reported	Measures Satisfactorily Reported (≥80%)	NPI Total Earned Incentive Amount
		Yes/No	Rationale				
100000001	Doe, John	Yes	Reported satisfactorily	2	2	2	\$1,500.00
Reporting Information							
Measure Statement (Measure #) ^b	Opportunities to Report	Reported Instances	Reporting Rate ^c	Measure Validation Clinical Focus Area ^d			
Heart Failure: Beta-blocker Therapy for Left Ventricular Systolic Dysfunction (#8)	200	180	90.0%	N/A			
Screening for Future Fall Risk (#4)	500	400	80.0%	N/A			
^a An NPI reporting 3 measures on 80% or greater of reporting opportunities, or 1 OR 2 measures 80% or greater and not found by the measure-applicability validation (MAV) process to have been eligible to submit additional applicable measures is eligible to receive a PQRI incentive. More information regarding the incentive calculations is available on the CMS website. ^b Reference number for each measure, according to the PQRI Coding for Quality Handbook. The PQRI Coding for Quality Handbook is available on the CMS website. ^c A satisfactorily ^d Providers may find focus areas, applicable, and are not part of a clinical							
<p>EP in this sample had 400 instances correctly reported for measure #4. If the EP had the opportunity to report measure but did not, Reported Instances will display as "0" (zero)</p>							
Caution: This report and its contents are for informational purposes only. The information contained herein is not intended to be used in the handling and disposition of this report to protect the privacy of the individual practitioner this SSN is potentially associated with. Please ensure that these reports are handled appropriately and disposed of properly to avoid a potential Personally Identifiable Information (PII) exposure or Identity Theft risk.							

SAMPLE

Two measures could have been reported

Incentive amount or N/A if no incentive

Table 3: NPI Performance Detail

2007 PHYSICIAN QUALITY REPORTING INITIATIVE FEEDBACK REPORT

Participation in PQRI is at the individual National Provider Identifier (NPI) level within a Taxpayer Identification Number (Tax ID or TIN). All Part B Medicare claims submitted with PQRI quality-data codes for services furnished from July 1, 2007 through December 31, 2007 were analyzed to determine whether the eligible professional earned a PQRI bonus incentive. The results below are the individual NPI's performance calculations for each measure. There will be one NPI performance detail report for each PQRI participating NPI within this Tax ID. More information regarding the PQRI program is available on the CMS website, www.cms.hhs.gov/pqri.

Table 3: NPI Performance Detail

Sorted by performance rate and subsorted by opportunities to report

Tax ID Name: John Q. Public Clinic

NPI Name: Doe, John

NPI Number: 100000001

SAMPLE

Performance Information

Measure Statement (Measure #) ^o	Opportunities to Report	Eligible Instances Excluded				Clinical Performance Denominator [±]	Clinical Performance Numerator	Clinical Performance Not Met			Clinical Performance Rate [^]	National Comparison for Performance ^{**}		
		Clinical (1P)	Patient (2P)	System (3P)	Other			QDC Reported ^o	QDC Not Reported	Insufficient QDC Information		25th Percentile	50th Percentile	75th Percentile
Heart Failure: Beta-blocker Therapy for Left Ventricular Systolic Dysfunction (#3)	200	20	24	20	36	100	80	0	20	0	80.0%	66.2%	81.0%	84.3%
Screening for Future Fall Risk (#4)	500	3	5	10	7	475	175	200	100	0	36.8%	0.0%	34.2%	42.1%

^oReference number for each measure, according to the PQRI Coding for Quality Handbook. The PQRI Coding for Quality Handbook is available on the CMS website.

[•]Includes instances where an 8P modifier, G-code, or CPT II code is used as a performance exclusion for the measure.

[±]The performance denominator is determined by subtracting the number of eligible instances excluded from the total number of opportunities to report. Valid reasons for exclusions may apply, these are specific to each measure. The PQRI Coding for Quality Handbook containing measure specific information is available on the CMS website.

^{*}Includes instances where an 8P modifier, G-code, or CPT II code is used to indicate the quality action was not provided for a reason not otherwise specified.

[^]The Clinical Performance Rate is calculated by dividing the Clinical Performance Numerator by the Performance Denominator.

^{**}The National Comparison for Performance includes performance information for all NPI/TIN combinations submitting at least one quality-data code for the measure. The 25th percentile indicates that 25% of the NPI/TIN combinations participating nationally are performing at or below this rate, the 50th percentile indicates that 50% of the NPI/TIN combinations participating nationally are performing at or below this rate, and the 75th percentile indicates that 75% of the NPI/TIN combinations participating nationally are performing at or below this rate.

Caution: This report may contain a partial or "masked" Social Security Number (SSN/SSAN) as part of the TAX ID Number (TIN) field. Care should be taken in the handling and disposition of this report to protect the privacy of the individual practitioner this SSN is potentially associated with. Please ensure that these reports are handled appropriately and disposed of properly to avoid a potential Personally Identifiable Information (PII) exposure or Identity Theft risk.

Where to go for HELP with PQRI Feedback Reports?

- For assistance with registering for an IACS Account - contact the External User Services Help Desk at 866-484-8049
- For questions relating to PQRI Portal access and feedback report information - contact the QualityNet Help Desk at 866-288-8912 or qnetsupport@ifmc.sdps.org.
- For general information on feedback reports and incentive payments - contact your carrier Provider Call Center, see <http://www.cms.hhs.gov/MLNGenInfo/>

Summary

1. 2008 PQRI reporting period is 01/1/2008 to 12/31/2008 for submission of QDC's through claims submission; and 7/1/2008-12/31/2008 for new alternative reporting mechanisms
2. 11 measures available for use by ODs for 2008
3. 4 of 2007 measures carried over with minor changes
4. 7 new measures have been available for use by optometrists
5. Success requires at least 3 measures, 80% of the time
6. Some use G codes instead of CPT II & modifiers
7. The AOA website will list all the up-to date information
8. 2008 bonus is 1.5% of all allowable Medicare charges

Summary

9. 2007 PQRI bonus payments and feedback reports available as of July 2008
10. Congress expanded program for 2009 – increased bonus payment of 2%.
11. Possibly 3 new eye care measures for 2009, two likely to be reportable by optometrists.
12. E-prescribing measure will be removed by PQRI because of statute requiring an additional bonus payment for use of e-prescribing. See the AOA Health IT web page – <http://www.aoa.org/x9951.xml>
13. Have proper documentation for measure – know the specifications. See AOA PQRI web page <http://www.aoa.org/pqri.xml> for filing specifications and examples.

Questions??

<http://www.aoa.org/x7990.xml>

www.cms.hhs.gov/PQRI

American Optometric Association

Thank You!

Eye Care Measure Set were one of the most highly reported measure sets in the 2007 PQRI Program.

AOA encourages all optometrists to participate in the PQRI program and continues to offer tools and resources to assist with successful participation.