

I WANT TO PARTICIPATE IN 2009 PQRI FOR INCENTIVE PAYMENT

Select Reporting Method

(Refer to the appropriate Measure Specifications for the specific reporting method(s) chosen for 2009 PQRI)

CHOOSE CLAIMS-BASED REPORTING OPTIONS

REGISTRY REPORTING



< 3 INDIVIDUAL MEASURES APPLY

1
ONLY OPTION IS TO REPORT CLAIMS FOR **12-MONTH** REPORTING PERIOD
1/1/09-12/31/09
REPORT EACH MEASURE \geq **80%** OF APPLICABLE PATIENTS

Subject to Measure-Applicability Validation (MAV)

3 OR MORE INDIVIDUAL MEASURES APPLY

1
CHOOSE TO REPORT ON \geq 3 INDIVIDUAL MEASURES FOR **12 MONTHS**
1/1/09-12/31/09

REPORT \geq **80%** OF APPLICABLE PATIENTS ON AT LEAST 3 MEASURES

2
CHOOSE TO REPORT **MEASURES GROUP** FOR 30 CONSECUTIVE PATIENTS
12 MONTHS
1/1/09-12/31/09

3
CHOOSE TO REPORT **MEASURES GROUP** FOR **12 MONTHS**
1/1/09-12/31/09

REPORT \geq **80%** OF ELIGIBLE PATIENTS (minimum 30 patients) FOR A MEASURES GROUP THE FULL 12 MONTHS

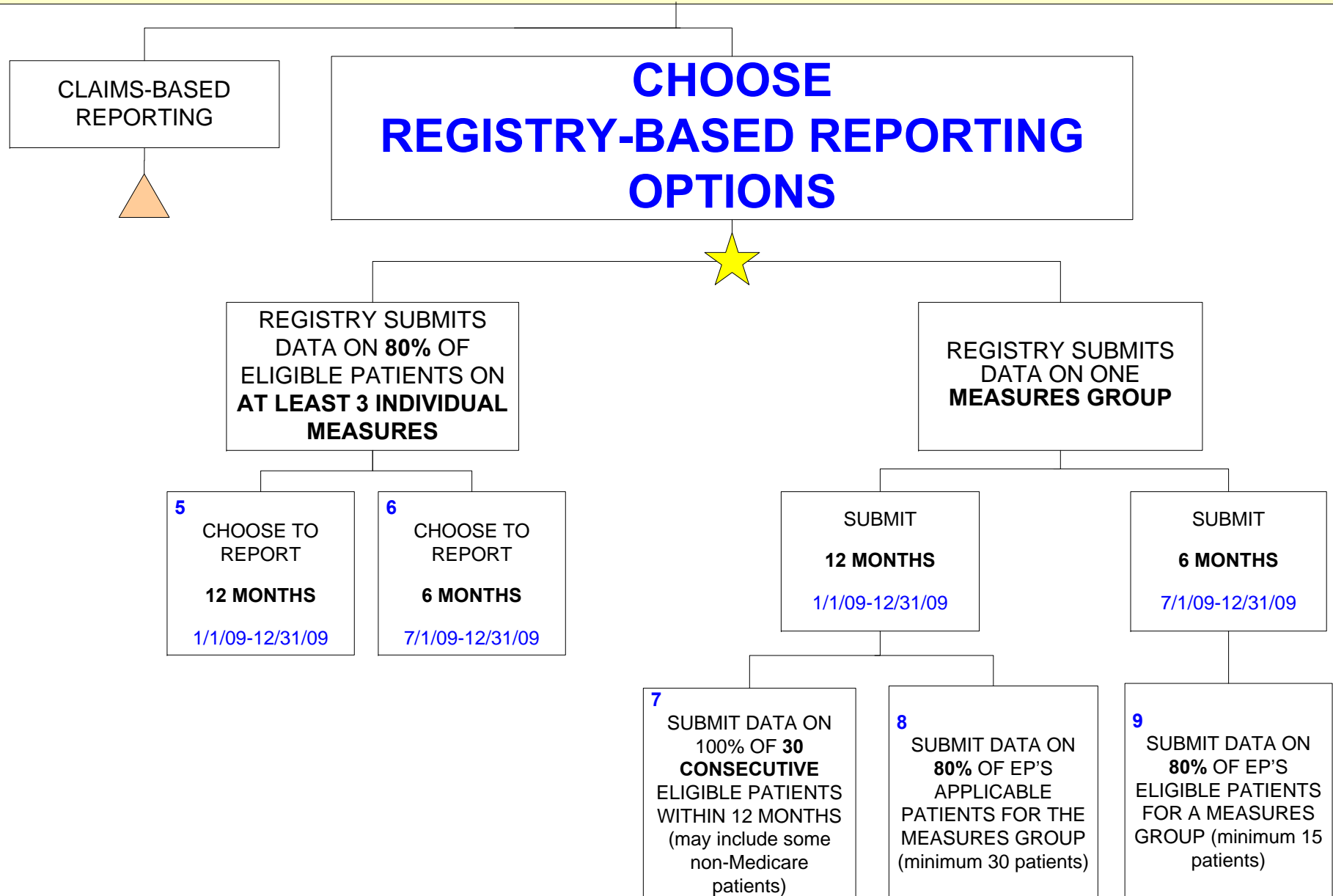
4
CHOOSE TO REPORT **MEASURES GROUP** FOR **6 MONTHS**
7/1/09-12/31/09

REPORT \geq **80%** OF ELIGIBLE PATIENTS (minimum 15 patients) FOR A MEASURES GROUP THE FULL 6 MONTHS

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(Select Reporting Period)

