

Physician Quality Reporting Initiative (PQRI)

National Provider Call

December 10, 2009

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Episode Measure Breakdown (cont.)

10 Measures with highest % NPI reporting $\geq 80\%$

- #106 Patients who have MD Disorder who meet DSM IV Criteria (**100.00%**)
- #57 Assessment of Oxygen Saturation for Community-Acquired Bacterial Pneumonia (**78.10%**)
- #58 Assessment of Mental Status for Community-Acquired Bacterial Pneumonia (**76.09%**)
- #55 ECG Performed for Syncope (**75.80%**)
- #28 Aspirin at Arrival (**74.75%**)
- #56 Vital Signs for Community-Acquired Bacterial Pneumonia (**72.50%**)
- #59 Empiric Antibiotic for Community-Acquired Bacterial Pneumonia (**71.90%**)
- #54 ECG Performed for Non-Traumatic Chest Pain (**71.31%**)
- #34 t-PA Considered – Stroke and Rehabilitation (**58.25%**)
- #33 Anticoagulant Therapy Prescribed for Afib at Discharge (**57.24%**)

Episode Measure Breakdown (cont.)

10 Measures with lowest % NPI reporting \geq 80%

- #104 Adjuvant Hormonal Therapy for High-Risk Prostate Cancer Patients (**8.47%**)
- #46 Medication Reconciliation (**18.43%**)
- #24 Communication with the Physician Managing Ongoing Care Post-Fracture (**24.87%**)
- #93 AOE: Systemic Antimicrobial Therapy – Avoidance of Inappropriate Use (**31.01%**)
- #75 Prevention of Ventilator-Associated Pneumonia - Head Elevation (**31.25%**)
- #40 Management Following Fracture (**32.44%**)
- #9 Antidepressant Meds During Acute Phase for Patients with New Episode of MD (**35.11%**)
- #35 Screening for Dysphagia (**36.98%**)
- #132 Patient Co-Development of Treatment Plan (**37.60%**)
- #91 AOE: Topical Therapy (**37.76%**)

Episode Measure Breakdown (cont.)

NPI Summary Submission Report for Measure 104*

(Adjuvant Hormonal Therapy for High-Risk Prostate Cancer Patients)

• Participant Reporting Information	
▶ Reporting Denominator: Eligible Cases	6,083
▶ Numerator: Valid QDCs Reported	2,274
▶ National Reporting Rate	37.38%
• # of Eligible NPI	4,426
• NPI Participation per Measure	
▶ # of NPI Submitting	189
▶ % of Total Eligible NPI Submitting	4.27%
• # of NPI Submitting ≥ 80%	16
• % Submitting ≥ 80%	8.47%

* Report Includes Data from the January 2008 through February 2009 TAP File

Episode Measure Breakdown (cont.)

Quality-Data Code Submission Error Report for Measure 104* (Adjuvant Hormonal Therapy for High-Risk Prostate Cancer Patients)

• QDC Submission Attempts	
▶ Total QDCs Reported	2,851
▶ Total Valid QDCs Reported	2,274
▶ % Valid	79.76%
• Denominator Mismatch	
▶ Patient Age Mismatch	0.00%
▶ Patient Gender Mismatch	0.00%
▶ Incorrect HCPCS	15.22%
▶ Incorrect DX	0.18%
▶ Both DX and HCPCS Incorrect	1.19%
▶ Only QDC on Claim	3.65%
▶ Incorrect DX and Only QDC	0.07%
• Resubmitted QDCs	0.00%
• Unattributed (No NPI)	0.04%

*Report Includes Data from the January 2008 through February 2009 TAP File

Episode Measure Breakdown (cont.)

NPI Summary Submission Report for Measure 46* (Medication Reconciliation)

* Report Includes Data from the January 2008 through February 2009 TAP File

Episode Measure Breakdown (cont.)

Quality-Data Code Submission Error Report for Measure 46* (Medication Reconciliation)

* Report Includes Data from the January 2008 through February 2009 TAP File

Patient Process Measure Breakdown

10 Measures with highest NPI% Reporting $\geq 80\%$

- #53 Pharmacologic Therapy (**70.69%**)
- #64 Asthma Assessment (**67.07%**)
- #133 Screening for Cognitive Impairment (**57.95%**)
- #120 ACE Inhibitor or ARB Therapy in Patients with CKD (**55.14%**)
- #7 Beta-blocker Therapy for CAD Patients with Prior MI (**52.62%**)
- #6 Oral Antiplatelet Therapy Prescribed for Patients with CAD (**48.83%**)
- #84 Initial Hepatitis C RNA Testing (**45.81%**)
- #8 Beta-blocker Therapy for LVSD (**45.45%**)
- #108 DMARD Therapy in Rheumatoid Arthritis (**44.56%**)
- #3 High Blood Pressure Control (**43.95%**)

Patient Process Measure Breakdown (cont.)

10 Measures with lowest NPI% Reporting \geq 80%

- #110 Vaccination for Patients \geq 50 Years Old (7.05%)
- #79 Influenza Vaccination in Patients with ESRD (12.80%)
- #126 Diabetic Foot and Ankle Care, Peripheral Neuropathy: Neurological Evaluation (12.81%)
- #115 Advising Smokers to Quit (12.87%)
- #113 CRC Screening (13.02%)
- #112 Screening Mammography (13.52%)
- #119 Urine Screening for Microalbumin or Medical Attention for Nephropathy in Diabetic Patients (13.54%)
- #127 Diabetic Foot and Ankle Care, Ulcer Prevention: Evaluation of Footwear (14.74%)
- #111 Vaccination for Patients 65 years and Older (14.84%)
- #118 ACE or ARB Therapy for Patients with CAD and Diabetes and/or LVSD (15.57%)

Patient Process Measure Breakdown (cont.)

NPI Summary Submission Report for Measure 79* (Influenza Vaccination in Patients with ESRD)

• Participant Reporting Information	
▶ Reporting Denominator: Eligible Cases	74,096
▶ Numerator: Valid QDCs Reported	26,738
▶ National Reporting Rate	36.09%
• # of Eligible NPI	8,991
• NPI Participation per Measure	
▶ # of NPI Submitting	453
▶ % of Total Eligible NPI Submitting	5.04%
• # of NPI Submitting ≥ 80%	58
• % Submitting ≥ 80%	12.80%

* Report Includes Data from the January 2008 through February 2009 TAP File

Patient Process Measure Breakdown (cont.)

Quality-Data Code Submission Error Report for Measure 79* (Influenza Vaccination in Patients with ESRD)

* Report Includes Data from the January 2008 through February 2009 TAP File

Patient Process Measure Breakdown (cont.)

NPI Summary Submission Report for Measure 118*

(ACE or ARB Therapy for Patients with CAD and Diabetes and/or LVSD)

• Participant Reporting Information	
▶ Reporting Denominator: Eligible Cases	145,257
▶ Numerator: Valid QDCs Reported	41,160
▶ National Reporting Rate	28.34%
• # of Eligible NPI	214,952
• NPI Participation per Measure	
▶ # of NPI Submitting	931
▶ % of Total Eligible NPI Submitting	0.43%
• # of NPI Submitting ≥ 80%	145
• % Submitting ≥ 80%	15.57%

**Report Includes Data from the January 2008 through February 2009 TAP File*

Patient Process Measure Breakdown (cont.)

Quality-Data Code Submission Error Report for Measure 118* (ACE or ARB Therapy for Patients with CAD and Diabetes and/or LVSD)

* Report Includes Data from the January 2008 through February 2009 TAP File

Helpful Links

- **A Guide for Understanding the 2007 Re-Run Physician Quality Reporting Initiative (PQRI) Incentive Payment**

http://www.cms.hhs.gov/PQRI/Downloads/GuideforUnderstanding2007Re-RunPQRIIncentivePayment063_508.pdf

This document may be found on the CMS PQRI website at www.cms.hhs.gov/PQRI click on the 2007 PQRI Program section page at left.

- **A Guide for Understanding the 2008 Physician Quality Reporting Initiative (PQRI) Incentive Payment**

<http://www.cms.hhs.gov/PQRI/downloads/GuideUnderstanding2008PQRIIncentivePayment072109.pdf>

This document may be found on the CMS PQRI website at www.cms.hhs.gov/PQRI click on the 2008 PQRI Program section page at left.

Helpful Links (cont.)

REGISTRY REQUIREMENTS FOR SUBMISSION OF 2010 PQRI DATA ON BEHALF OF ELIGIBLE PROFESSIONALS

- This document is available for download on the CMS PQRI website at www.cms.hhs.gov/pqri click on the “Alternative Reporting” section page at left.
- Eligible professionals (EPs) whose 2010 PQRI quality measure information successfully submitted by registry and satisfies applicable criteria for satisfactorily reporting for the January-December (full-year) reporting period OR the July-December (half-year) reporting period may earn incentive payment equal to 2.0 percent of total allowed charges for MPFS covered professional services furnished during the applicable 2010 reporting period
- Successful submission = quality measure results and numerator and denominator data sent by the registry to CMS in specified format and includes all of the required information based on the reporting option selected by the eligible professional.
- List of 2010 Registry Requirements
- Registries who were not qualified for the 2009 PQRI, but can meet the listed requirements, and wish to participate in the 2010 registry payment program should submit self-nomination letter requesting inclusion in 2010 no later than **5 p.m. on January 31, 2010**
- Registries who participated in the 2009 program and were fully “qualified” to report PQRI in 2009 will not need to be “re-qualified” for 2010 unless they were unsuccessful in submitting their PQRI data for 2009 /Send a self-nomination letter to the 2010 PQRI Registry Nomination address by **January 31, 2010**
- Qualified 2009 registry unsuccessful in submitting 2009 PQRI data will need to go through a full qualification process for 2010 PQRI. Must submit a self-nomination letter to the 2010 PQRI Registry Nomination address no later than March 31, 2010
- New or Re-Qualifying registries will be required to successfully submit a “test” file in XML format to data warehouse by June 1, 2010.
- Names of qualifying registries for 2010 will be posted on the CMS website in two phases (1st: 12/31/09 ; 2nd: 7/1/2010)
- Registry that wants to report on the electronic prescribing measure and/or the electronic prescribing measure for GPRO should indicate this in their self-nomination letter

Helpful Links (cont.)

GROUP PRACTICE REPORTING OPTION (GPRO) REQUIREMENTS FOR SUBMISSION OF 2010 PHYSICIAN QUALITY REPORTING INITIATIVE (PQRI) DATA

- This document includes GPRO submission requirements and self-nomination criteria and is available for download on the CMS PQRI website at www.cms.hhs.gov/pqri click on the “Group Practice Reporting Option” section page at left
- Self-nomination letter must be submitted by **5 p.m. E.S.T. on January 31, 2010**
- “Group practice” under the 2010 PQRI GPRO consists of a physician group practice, as defined by a single TIN, with at least 200 or more individual EPs (as identified by Individual NPIs) who have reassigned their billing rights to the TIN
- New group practice reporting option (GPRO) for the 2010 PQRI/may also choose to participate in the Electronic Prescribing (eRx) Incentive Program
- PQRI incentive payment equal to 2% of the group practice's total estimated Medicare Part B PFS allowed charges for covered professional services furnished during the 2010 reporting period; payable in 2011
- Individual EP who is a member of a selected group is not eligible to earn a separate PQRI incentive payment as an individual EP under that same Tax Identification Number (TIN) (that is, for the same TIN/National Provider Identifier, or NPI, combination)
- Once a group practice (TIN) is selected to participate in the GPRO, this will be the only method of PQRI reporting available to the group and all individual NPIs who bill Medicare under the group's TIN for 2010 PQRI
- Pre-populated data collection tool with assigned sample of patients and the patients' demographic and utilization information will be provided. The GPRO will be required to complete this data collection tool consisting of 26 quality measures on each of the assigned patients
- Additional requirements for potential GPRO participants and detailed measure specifications are available at www.cms.hhs.gov/pqri

Helpful Links (cont.)

2011 Call for Measures

<http://www.cms.hhs.gov/apps/QMIS/CallforMeasures.asp>

- CMS may request interested parties to submit candidate measures that may be suitable for a specific project
- Candidate measures suggested will be reviewed by CMS and its measure development contractor(s)
- Candidate measures suggested through a call for candidate measures will undergo the same rigorous evaluation as all CMS measures
- Steps included in the CMS measures development process



QUESTIONS??