

Overview of Federal Clinician Programs

FEDERAL PROGRAMS	Physician Quality Reporting System (PQRS)	Electronic Health Records (EHR) – Meaningful Use	Physician Feedback/Value Modifier	Physician Compare	E-Prescribing Incentive Program
IDENTIFYING INFORMATION					
Description/Purpose of Program	PQRS provides an incentive payment to eligible professionals who select among 240 measures to report.	<p>The Medicare and Medicaid EHR Incentive Programs provide incentive payments to eligible professionals for the “meaningful use” of certified EHR technology.</p> <p>To qualify for an incentive payment under the Medicaid EHR Incentive Program, an eligible professional must meet one of the following criteria:</p> <ul style="list-style-type: none"> • Have a minimum 30% Medicaid patient volume* • Have a minimum 20% Medicaid patient volume, and is a pediatrician* • Practice predominantly in a Federally Qualified Health Center or Rural Health Center and have a minimum 30% patient volume attributable to needy individuals 	The Physician Resource Use Measurement and Reporting (RUR) Program, or the Physician Feedback/Value Modifier Program, uses claims data to create confidential reports measuring the resource use and quality of care involved in furnishing care. These feedback reports are provided to medical professionals and medical practice groups.	The Physician Compare Web site serves as a healthcare professional directory on Medicare.gov. The website is updated on a monthly basis. Physician compare can begin incorporating quality reporting in 2013, based on performance starting 2012.	<p>The E-Prescribing Incentive Program provides incentive payments to eligible professionals who are successful electronic prescribers.</p> <p>Eligible professionals report on an electronic prescribing quality measure.</p>
Types of Clinicians Participating	<ul style="list-style-type: none"> • Physicians (medicine, osteopathy, podiatric med, optometry, surgery, oral surgery, dental med, chiropractic) – <i>same categories as Medicare EHR/MU and E-Prescribe</i> • Practitioners including: <ul style="list-style-type: none"> ➤ Physician Assistant 	<p>FOR MEDICARE</p> <ul style="list-style-type: none"> • Physicians (medicine, osteopathy, podiatric med, optometry, dental surgery/medicine, chiropractor) – <i>same as PQRS and e-Prescribe</i> <p>FOR MEDICAID</p>	The 2010 pilot included physicians and medical professional groups.	Clinicians participating in PQRS	<ul style="list-style-type: none"> • Medicare physicians (<i>same categories as PQRS and Medicare EHR/MU</i>) • Practitioners (<i>same categories as PQRS but not EHR/MU</i>) • Therapists (<i>same categories as PQRS but not EHR/MU</i>) <p>Participation is further limited by</p>

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	<ul style="list-style-type: none"> ➤ Nurse Practitioner ➤ Clinical Nurse Specialist ➤ Certified Registered Nurse Anesthetist (and Anesthesiologist Assistant) ➤ Certified Nurse Midwife ➤ Clinical Social Worker ➤ Clinical Psychologist ➤ Registered Dietician ➤ Nutrition Professional ➤ Audiologists - <i>Same categories as e-Prescribe but not HER/MU</i> • Therapists (Physical Therapist, Occupational Therapist, Qualified Speech-Language Therapist) – <i>same categories as e-Prescribe but not EHR/MU</i> 	<ul style="list-style-type: none"> • Physicians (primarily doctors of medicine and doctors of osteopathy) • Nurse practitioner • Dentist • Certified nurse-midwife • Physician assistant practicing in a Federally qualified health center (FQHC) led by a physician assistant or a rural health clinic (RHC), that is so led by a physician assistant. 			whether or not the professional has prescribing authority.
Data Reporting/Data Submission (and timing)	<p>Physicians are considered to have “satisfactorily reported” if they meet requirements for number and type of measures, sufficient number/percent of patients, and timeliness of submission.</p> <p>Individual physicians:</p> <ul style="list-style-type: none"> • Claims based reporting of individual measures (<i>Select 3 measures from 240 possible, but note that some measures are restricted to certain reporting mechanisms</i>) • Registry based reporting of individual measures (<i>Select 3 measures from 240 possible, but see above note – not all</i>) 	<p>Using CMS’ web-based Registration and Attestation System, providers complete numerators and denominators for the meaningful use objectives and clinical quality measures, exclusions to specific objectives, and legally attest to the successful demonstration of meaningful use.</p> <p>To qualify for incentive payments, meaningful use requirements must be met in the following ways:</p> <ul style="list-style-type: none"> • Medicare EHR Incentive Program— demonstrate meaningful use of certified EHR technology every year of participation. • Medicaid EHR Incentive Program— 	<p>CMS uses claims data to create confidential reports gauging the resources and quality of care utilized in furnishing care to Medicare beneficiaries.</p>	<p>CMS is populating Physician Compare with information from eligible professionals who satisfactorily reported PQRS measures and for successful e-prescribers.</p>	<p>The program ends in 2014, but physicians will receive a penalty for not e-prescribing beginning in 2012. (see incentive structure below for more information)</p> <p><i>2011eRX Incentive Program</i></p> <p>For incentive payment purposes, eligible professionals may submit information:</p> <ol style="list-style-type: none"> 1. To CMS on their Medicare Part B claims, 2. To a qualified registry, 3. To CMS via a qualified electronic health record (EHR) product.

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	<p><i>240 available for all reporting mechanisms)</i></p> <ul style="list-style-type: none"> • Claims based reporting of one measure group • Registry based reporting of one measure group • 6-month and 12-month reporting period option • EHR-based reporting for a 12-month period (Select 3 measures) <p>Group practice:</p> <p>For groups with 200 or more eligible professionals, report 26 measures.</p> <p>For groups with 2-199 eligible professionals, report 1-4 measure groups and 3-6 individual measures (# of measures/measure groups depends on size of group)</p> <p>Measure rates are calculated by CMS or registries based upon data submitted by the eligible professional or group practice</p>	<p>Eligible professionals may qualify for incentive payments if they adopt, implement, upgrade OR demonstrate meaningful use in their first year of participation. They must successfully demonstrate meaningful use for subsequent participation years.</p> <p>For eligible professionals, there are a total of 25 meaningful use objectives. To qualify for an incentive payment, 20 of these 25 objectives must be met, including: 15 required core objectives & 5 menu set objectives that may be chosen from a list of 10.</p> <p>Reporting Period: The reporting period for the EHR Incentive program using a certified EHR is any continuous 90 day period during the first payment year.</p> <p>EPs must report on 6 total measures from the table of 44 clinical quality measures: 3 required core measures (substituting alternate core measures where necessary) and 3 additional measures. A maximum of 9 measures would be reported if the EP needed to attest to the 3 required core, the three alternate core, and the 3 additional measures.</p> <p>Dates/Timelines:</p> <p>April 18, 2011 - Medicare EHR Incentive Program began</p> <p>February 29, 2012 - last day for EPs to register and attest to receive an Incentive Payment for CY 2011</p>			<p>For purposes of the 2012 payment adjustment, eligible professionals must submit information on their Medicare Part B claims.</p>
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		2016 – last year to receive a Medicare EHR Incentive Payment 2021 – last year to receive a Medicaid EHR Incentive Payment			
Data Sources	<ul style="list-style-type: none"> • Claims • Registry • EHR • GPRO tool 	EHR	Claims data	N/A	Claims data (2009); Registry (2010); EHR (2010)
Performance Reports to Clinicians (and timing)	<p>Feedback reports are provided to physicians by CMS the summer after the reporting period option which they chose.</p> <p>CMS provides a PQRS feedback report to every eligible professional that attempted to report a PQRS measures at least once during the reporting period regardless of whether an incentive payment was earned.</p>	<p>N/A</p> <p>Once providers complete a successful online attestation submission by entering their data into the Medicare EHR Incentive Program Registration and Attestation System, they will see an immediate summary of their attestation and whether or not it was successful.</p> <p>For the Medicaid EHR Incentive Program, providers will follow a similar process using their state's Attestation System.</p>	<p>Feedback reports include data such as the following:</p> <ul style="list-style-type: none"> • beneficiary characteristics • practice site • performance measurement results for physician quality • patient chronic conditions • PQRS participation • medical practice group • non-risk adjusted cost measures • risk adjustment model • cost of service categories • utilization statistics • peer groups • benchmarks 	N/A	<p>The eRx incentive payments and the eRx feedback reports are issued through separate processes. eRx Incentive Program feedback report availability is not based on whether or not an incentive payment was earned.</p> <p>Feedback reports will be provided to every eligible professional submitting Medicare Part B PFS claims who reported the eRx measure a minimum of once during the reporting period.</p>

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Public Reporting (and timing)	None at this time. CMS is required to establish a plan for making information available through the Physician Compare Web site by January 1, 2013.	N/A	N/A	<p>The Physician Compare Web site contains information about medical professionals who satisfactorily participated in the PQRS; however, it does not yet include physician and eligible professional performance information.</p> <p>CMS is required to establish a plan for making information available on physician performance through the Physician Compare by January 1, 2013. The reporting period can begin on or after January 1, 2012.</p>	N/A
Incentive Structure	<p>Incentives are in place through 2014 for reporting; penalties for not reporting begin in 2015.</p> <p>According to the ACA, the incentive payment amount for the 2011 reporting period will be 1.0 percent of the total estimated allowed charges. For the periods from 2012 through 2014, the incentive payment will be 0.5 percent. Starting in 2015, eligible professionals who do not satisfactorily report for the reporting period will be subject to a payment adjustment or penalty, by which the PFS amount will decrease by 1.5 percent for 2015 and 2.0 percent for 2016 and every year thereafter.</p>	<p>Medicare EHR Incentive Program:</p> <ul style="list-style-type: none"> • Participation started January 2011. Attestation opened in April, 2011 and Payments began in May 2011. • Eligible professionals must begin participation by 2012 in order to receive the maximum incentive payment. • Medicare eligible professionals that do not successfully demonstrate meaningful use will have a payment adjustment in their Medicare reimbursement, beginning 2015 and beyond. <p>Incentive payments for the Medicare EHR Incentive Program will be issued within four to six weeks of providers successfully submitting their attestation.</p>	<p>CMS is required to include cost and quality data when calculating payments for physicians by applying a value-based payment modifier under the Medicare Physician Fee Schedule (MPFS), which will begin in 2015.</p> <p>By 2017, the value-based payment modifier will be applied to the majority of medical professionals, and ultimately it will be employed for the value-based payment modifier.</p>	N/A	<p><i>2011 and 2012 eRX Incentive Program</i></p> <p>The incentive will amount to 1.0% of the total estimated allowed charges submitted not later than 2 months after the end of the reporting period. <i>(aligns with PQRS for 2011 but not for 2012)</i></p> <p><i>2013 eRX Incentive Program</i></p> <p>The incentive amount will be reduced to 0.5%, and starting in 2012, eligible professionals who are not successful electronic prescribers may be subject to a payment adjustment or penalty. The PFS amount shall be reduced by 1.0% for 2012, 1.5% for 2013, and 2.0% for 2014.</p>

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		<p>Medicaid EHR Incentive Program:</p> <ul style="list-style-type: none"> • States and territories will offer the incentive program on a voluntary basis, which may begin as early as 2011. Payments will be paid by the states and are expected to begin in 2011. • There are no payment adjustments to Medicaid reimbursement if a provider does meet meaningful use beginning 2015. <p>Incentives for the Medicaid EHR Incentive Program will be issued within six weeks of providers successfully submitting their attestation.</p> <p>NOTE: PARTICIPATION MANDATORY UNDER MEDICARE BUT VOLUNTARY UNDER MEDICAID</p>			<p>(note: penalties are incurred 3 years sooner than with PQRS)</p>
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