

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
Centers for Medicare & Medicaid Services



## 2012 Physician Quality Reporting System: Medicare Electronic Health Record (EHR) Incentive Pilot: Quick Reference Guide

FACT SHEET

<http://www.cms.gov/EHRIncentivePrograms>

### Background

The Medicare Electronic Health Record (EHR) Incentive Program provides incentive payments to eligible professionals, eligible hospitals, and Critical Access Hospitals (CAHs) that successfully demonstrate meaningful use of certified EHR technology. To successfully demonstrate meaningful use, eligible professionals, eligible hospitals, and CAHs are required to report Clinical Quality Measures (CQMs) as well as meaningful use functionality measures. Beginning in 2012, eligible professionals may satisfy the meaningful use objective to report CQMs (see **Appendix A** for a list of the 44 CQMs) to the Centers for Medicare & Medicaid Services (CMS) by reporting them through:

- 1) The Medicare and Medicaid EHR Incentive Programs' web-based [Registration and Attestation System](#); or
- 2) Participation in the Physician Quality Reporting System-Medicare EHR Incentive Pilot, which uses the 2012 Physician Quality Reporting System EHR Measure Specifications.

**Purpose:** This "Quick Reference Guide" provides direction to eligible professionals participating in the Medicare EHR Incentive Program on reporting and satisfying the CQM requirements through participation in the Physician Quality Reporting System-Medicare EHR Incentive Pilot. Eligible professionals under the Medicare EHR Incentive Program include:

- Doctors of medicine or osteopathy,
- Doctors of dental surgery or dental medicine,
- Doctors of podiatry,
- Doctors of optometry, and
- Chiropractors.

## 2012 Physician Quality Reporting System-Medicare EHR Incentive Pilot Participation

- Eligible professionals who seek to participate in the Physician Quality Reporting System-Medicare EHR Incentive Pilot must also participate in the Physician Quality Reporting System through submission of specific 2012 Physician Quality Reporting System EHR measures. See **Appendix A** for a list of the specific measures.
  - By submitting specific Physician Quality Reporting System EHR Measures through the Pilot, eligible professionals can submit data on the same sample of beneficiaries through their Office of the National Coordinator for Health Information Technology (ONC)-certified EHR system to meet the core objective for reporting CQMs for the Medicare EHR Incentive Program and meet the requirements for satisfactory reporting under the Physician Quality Reporting System for the 2012 program year.
  - Eligible professionals participating in the Physician Quality Reporting System-Medicare EHR Incentive Pilot are still required to report the other meaningful use objectives through the Medicare and Medicaid EHR Incentive Programs' Registration and Attestation System.
- Eligible professionals who wish to participate in the Physician Quality Reporting System-Medicare EHR Incentive Pilot must indicate within the EHR Incentive Program Registration and Attestation System their intent to fulfill the meaningful use objective of reporting CQMs through participation in the Pilot.
- Eligible professionals participating in the Physician Quality Reporting System-Medicare EHR Incentive Pilot are required to report CQMs based on a full calendar year (January 1 – December 31), and submit required data to CMS by February 28, 2013, to allow alignment with the Physician Quality Reporting System.
- Eligible professionals wishing to participate in the Physician Quality Reporting System-Medicare EHR Incentive Program Pilot should be familiar with the specific completion dates of the other components of the Medicare EHR Incentive Program.
- Eligible professionals using the direct EHR-based reporting submission method who are unable to report the three core measures and the three alternate core measures as well as any of the remaining 38 measures as a result of not having any patients in the denominator are not permitted to participate in the Physician Quality Reporting System-Medicare EHR Incentive Pilot.



## 2012 Physician Quality Reporting System-Medicare EHR Incentive Pilot Submission Methods

To participate in the Physician Quality Reporting System-Medicare EHR Incentive Pilot, eligible professionals must electronically report CQM results via one of the following methods:

- **Use a Physician Quality Reporting System “Qualified” EHR Data Submission Vendor to:**

- Submit calculated/aggregate CQM results (in an Extensible Markup Language [XML] file) from the eligible professional’s ONC-certified EHR to CMS on the eligible professional’s behalf (required to satisfy the CQM requirements for the EHR Incentive Program),

**and**

- Submit the same CQM data at an individual patient level (in the Quality Reporting Data Architecture [QRDA] Category 1 format) using data from the eligible professional’s Physician Quality Reporting System qualified EHR system (required to satisfy the requirements for the Physician Quality Reporting System).

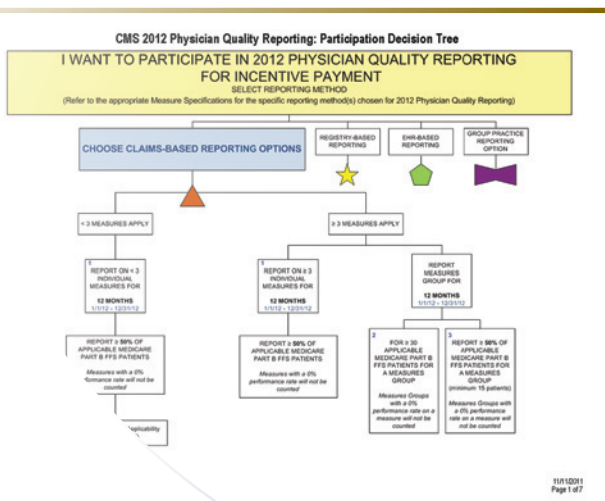
- **Use Direct EHR-Based Reporting to:**

Submit CQM data at an individual patient level directly from an ONC-certified, Physician Quality Reporting System qualified EHR system in the QRDA Category 1 format (required to satisfy the CQM requirements for the EHR Incentive Program and qualify for an incentive for the Physician Quality Reporting System). CMS will then calculate CQM results using a uniform calculation process.

For information about how to report both the Physician Quality Reporting System and the Physician Quality Reporting System-Medicare EHR Incentive Pilot via the EHR-based reporting option, refer to the “2012 Physician Quality Reporting System Decision Tree” at [http://www.cms.gov/PQRS/20\\_AlternativeReportingMechanisms.asp](http://www.cms.gov/PQRS/20_AlternativeReportingMechanisms.asp) on the CMS website.

## Questions?

See **Appendix B** for a list of Resources/Key Terms.



## Appendix A

### 2012 Physician Quality Reporting System-Medicare EHR Incentive Pilot Clinical Quality Measures (CQMs)

#### Core Measures

Eligible professionals participating in the Physician Quality Reporting System-Medicare EHR Incentive Pilot are required to submit information on the three Medicare EHR Incentive Program core measures in Table 1.

**Table 1. Core Measures**

Physician Quality Reporting System Measure Number	National Quality Forum (NQF) Measure Number	Measure Title
128	0421	Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up
237	0013	Hypertension (HTN): Blood Pressure Measurement
226	0028	Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention

#### Alternate Core Measures

If the denominator for one or more of the Medicare EHR Incentive Program core measures is zero, the eligible professional must report on up to three of the Medicare EHR Incentive Program alternate core measures in Table 2.

**Table 2. Alternate Core Measures**

Physician Quality Reporting System Measure Number	National Quality Forum (NQF) Measure Number	Measure Title
110	0041	Preventive Care and Screening: Influenza Immunization
239	0024	Weight Assessment and Counseling for Children and Adolescents
240	0038	Childhood Immunization Status

## Additional Measures

Eligible professionals must report on three of the measures available for the Medicare EHR Incentive Program in Table 3.

**Table 3. Additional Measures**

Physician Quality Reporting System Measure Number	National Quality Forum (NQF) Measure Number	Measure Title
1	0059	Diabetes Mellitus: Hemoglobin A1c Poor Control in Diabetes Mellitus
2	0064	Diabetes Mellitus: Low Density Lipoprotein (LDL-C) Control in Diabetes Mellitus
3	0061	Diabetes Mellitus: High Blood Pressure Control in Diabetes Mellitus
5	0081	Heart Failure: Angiotensin-Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker (ARB) Therapy for Left Ventricular Systolic Dysfunction (LVSD)
6	0067	Coronary Artery Disease (CAD): Antiplatelet Therapy
7	0070	Coronary Artery Disease (CAD): Beta-Blocker Therapy – Prior Myocardial Infarction (MI) or Left Ventricular Systolic Dysfunction (LVEF < 40%)
8	0083	Heart Failure: Beta-Blocker Therapy for Left Ventricular Systolic Dysfunction (LVSD)
9	0105	Major Depressive Disorder (MDD): Antidepressant Medication During Acute Phase for Patients with MDD
12	0086	Primary Open Angle Glaucoma (POAG): Optic Nerve Evaluation
18	0088	Diabetic Retinopathy: Documentation of Presence or Absence of Macular Edema and Level of Severity of Retinopathy
19	0089	Diabetic Retinopathy: Communication with the Physician Managing On-going Diabetes Care
53	0047	Asthma: Pharmacologic Therapy for Persistent Asthma
64	0001	Asthma: Assessment of Asthma Control

Table 3. Additional Measures (cont.)

Physician Quality Reporting System Measure Number	National Quality Forum (NQF) Measure Number	Measure Title
66	0002	Appropriate Testing for Children with Pharyngitis
71	0387	Breast Cancer: Hormonal Therapy for Stage IC–IIIC Estrogen Receptor/Progesterone Receptor (ER/PR) Positive Breast Cancer
72	0385	Colon Cancer: Chemotherapy for Stage III Colon Cancer Patients
102	0389	Prostate Cancer: Avoidance of Overuse of Bone Scan for Staging Low-Risk Prostate Cancer Patients
111	0043	Preventive Care and Screening: Pneumonia Vaccination for Patients 65 Years and Older
112	0031	Preventive Care and Screening: Screening Mammography
113	0034	Preventive Care and Screening: Colorectal Cancer Screening
117	0055	Diabetes Mellitus: Dilated Eye Exam in Diabetic Patient
119	0062	Diabetes Mellitus: Urine Screening for Microalbumin or Medical Attention for Nephropathy in Diabetic Patients
163	0056	Diabetes Mellitus: Foot Exam
197	0074	Coronary Artery Disease (CAD): Lipid Control
200*	0084	Heart Failure: Warfarin Therapy for Patients with Atrial Fibrillation

\* CMS suggests eligible professionals participating in the Medicare and Medicaid EHR Incentive Programs not select “NQF 0084: Heart Failure: Warfarin Therapy for Patients with Atrial Fibrillation” as one of their additional CQMs for meaningful use. As there are other Food and Drug Administration (FDA)-approved medications available for use as an anticoagulant, CMS suggests this measure not be selected as one of the measures reported for the CQM objective. CMS does not expect eligible professionals to change their certified EHR systems or purchase another system to replace this measure. Eligible professionals may continue to report NQF 0084 for the 2011-2012 program years if their certified EHR system uses a module that is only certified for nine CQMs with this measure included as one of the nine.



Table 3. Additional Measures (cont.)

Physician Quality Reporting System Measure Number	National Quality Forum (NQF) Measure Number	Measure Title
201	0073	Ischemic Vascular Disease (IVD): Blood Pressure Management Control
204	0068	Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antithrombotic
236	0018	Hypertension (HTN): Controlling High Blood Pressure
241	0075	Ischemic Vascular Disease (IVD): Complete Lipid Panel and Low Density Lipoprotein (LDL-C) Control
305	0004	Initiation and Engagement of Alcohol and Other Drug Dependence Treatment: (a) Initiation, (b) Engagement
306	0012	Prenatal Care: Screening for Human Immunodeficiency Virus (HIV)
307	0014	Prenatal Care: Anti-D Immune Globulin
308	0027	Smoking and Tobacco Use Cessation, Medical Assistance: a. Advising Smokers and Tobacco Users to Quit, b. Discussing Smoking and Tobacco Use Cessation Medications, c. Discussing Smoking and Tobacco Use Cessation Strategies
309	0032	Cervical Cancer Screening
310	0033	Chlamydia Screening for Women
311	0036	Use of Appropriate Medications for Asthma
312	0052	Low Back Pain: Use of Imaging Studies
313	0575	Diabetes Mellitus: Hemoglobin A1c Control (<8%)

## Appendix B

### Resources/Key Terms as Used in the 2012 Physician Quality Reporting System-Medicare EHR Incentive Pilot Analysis and Documentation

#### Resources

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##### **CMS Physician Quality Reporting System**

<http://www.cms.gov/PQRS>

##### **Medicare and Medicaid EHR Incentive Programs**

<http://www.cms.gov/EHRIncentivePrograms>

##### **Eligible Professionals List for Physician Quality Reporting System**

<http://www.cms.gov/PQRS/Downloads/EligibleProfessionals03-08-2011.pdf>

##### **Eligibility for Medicare EHR Incentive Program**

[http://www.cms.gov/EHRIncentivePrograms/15\\_Eligibility.asp](http://www.cms.gov/EHRIncentivePrograms/15_Eligibility.asp)

##### **2012 Qualified EHR Vendor List**

<http://www.cms.gov/PQRS/20AlternativeReportingMechanisms.asp>

##### **2012 EHR Documents for Eligible Professionals (Physician Quality Reporting System Measure Specifications)**

<http://www.cms.gov/PQRS/20AlternativeReportingMechanisms.asp>

##### **2012 EHR Made Simple**

[http://www.cms.gov/PQRS/20\\_AlternativeReportingMechanisms.asp](http://www.cms.gov/PQRS/20_AlternativeReportingMechanisms.asp)

##### **2012 Physician Quality Reporting System Decision Tree**

[http://www.cms.gov/PQRS/20\\_AlternativeReportingMechanisms.asp](http://www.cms.gov/PQRS/20_AlternativeReportingMechanisms.asp)

##### **2012 Physician Fee Schedule Final Rule**

<http://www.gpo.gov/fdsys/pkg/FR-2011-11-28/pdf/2011-28597.pdf>

##### **EHR Incentive Program Resources for Eligible Professionals**

[http://www.cms.gov/EHRIncentivePrograms/55\\_EducationalMaterials.asp](http://www.cms.gov/EHRIncentivePrograms/55_EducationalMaterials.asp)

##### **2012 EHR Incentive Program Attestation Module**

[https://www.cms.gov/EHRIncentivePrograms/32\\_Attestation.asp](https://www.cms.gov/EHRIncentivePrograms/32_Attestation.asp)

##### **QualityNet Help Desk**

1-866-288-8912 (7 a.m. – 7 p.m. CST Monday-Friday) or [qnetsupport@sdps.org](mailto:qnetsupport@sdps.org)

##### **EHR Information Center**

888-734-6433 (TTY 888-734-6563)

##### **Medicare Learning Network® (MLN) Guided Pathways**

The MLN Educational Web Guides MLN Guided Pathways to Medicare Resources help providers gain knowledge on resources and products related to Medicare and the CMS website. For more information applicable to you, refer to the section about your provider type in the “MLN Guided Pathways to Medicare Resources Provider Specific” booklet at [http://www.cms.gov/MLNEdWebGuide/Downloads/Guided\\_Pathways\\_Provider\\_Specific\\_Booklet.pdf](http://www.cms.gov/MLNEdWebGuide/Downloads/Guided_Pathways_Provider_Specific_Booklet.pdf) on the CMS website. For all other “Guided Pathways” resources, visit [http://www.cms.gov/MLNEdWebGuide/30\\_Guided\\_Pathways.asp](http://www.cms.gov/MLNEdWebGuide/30_Guided_Pathways.asp) on the CMS website.



## Key Terms

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### Attestation

Medicare eligible professionals, eligible hospitals, and CAHs will have to demonstrate meaningful use through CMS' web-based Registration and Attestation System. In the Medicare & Medicaid EHR Incentive Programs' Registration and Attestation System, providers will fill in numerators and denominators for the meaningful use objectives and clinical quality measures, indicate if they qualify for exclusions to specific objectives, and legally **attest** that they have successfully demonstrated meaningful use. A complete EHR system will provide a report of the numerators, denominators, and other information. Providers then will need to enter that data into the online Attestation System. They will qualify for a Medicare EHR incentive payment upon completing a **successful** online submission through the Attestation System. After they submit their results, they immediately will see a summary of their attestation and if it was successful.

### Certified EHR Technology

The Medicare and Medicaid EHR Incentive Programs require the use of certified EHR technology. Standards, implementation specifications, and certification criteria for EHR technology have been adopted by the Secretary of the Department of Health and Human Services (HHS). EHR technology must be tested and certified by an ONC Authorized Testing and Certification Body (ATCB) for a provider to qualify for EHR incentive payments. For more information about ONC-certified EHR technology, visit [http://www.cms.gov/ehrincentiveprograms/25\\_Certification.asp](http://www.cms.gov/ehrincentiveprograms/25_Certification.asp) on the CMS website.

### Clinical Quality Measure

CQMs are based on specific evidence-based practices shown to give the best results to the most people. To demonstrate meaningful use successfully, eligible professionals, eligible hospitals, and Critical Access Hospitals (CAHs) are required also to report CQMs specific to eligible professionals or eligible hospitals and CAHs.

### Health Information Technology for Economic and Clinical Health (HITECH) Act

The American Recovery and Reinvestment Act of 2009 (ARRA) was signed into law on February 17, 2009, to promote the adoption and meaningful use of health information technology. Subtitle D of the HITECH Act, part of ARRA, addresses the privacy and security concerns associated with the electronic transmission of health information, in part, through several provisions that strengthen the civil and criminal enforcement of Health Insurance Portability and Accountability Act (HIPAA) rules. For more information about the HITECH Act, visit <http://www.cms.gov/EHRIncentivePrograms> on the CMS website.

### Meaningful Use

ARRA specifies three main components of meaningful use: 1) The use of certified EHR technology in a meaningful manner, such as electronic prescribing; 2) the use of certified EHR technology for electronic exchange of health information to improve quality of health care; and 3) the use of certified EHR technology to submit clinical quality and other measures. Simply put, "meaningful use" means providers need to show they are using certified EHR technology in ways that can be measured significantly in quality and in quantity. For more information about the Medicare and Medicaid EHR Incentive Programs, visit <http://www.cms.gov/EHRIncentivePrograms> on the CMS website.

This fact sheet was current at the time it was published or uploaded onto the web. Medicare policy changes frequently so links to the source documents have been provided within the document for your reference.

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