

2011 Diabetes Physician Quality Reporting Module Introduction

You have elected to continue your 2010 Physician Quality Reporting Initiative (PQRI) module for 2011 Physician Quality Reporting System (PQRS) reporting as well as MC-FP Part IV credit and/or CME credit. Completion of this module will allow you to qualify for an incentive payment based on your successful reporting of data on six diabetes quality measures.

The Medicare, Medicaid, and SCHIP Extension Act of 2007 (MMSEA), enacted on December 29, 2007, authorized the Centers for Medicare and Medicaid Services (CMS) to make PQRS incentive payments to physicians for satisfactory reporting of quality measures data in 2011. It also established alternative reporting periods and criteria for the reporting of measure groups and of PQRS quality measures through a clinical data registry.

CMS has again granted approval to the ABFM to submit PQRS data to CMS on behalf of its Diplomates in 2011 using the ABFM Performance in Practice Registry. However, you should be aware of one important change that has been made by CMS for 2011. You may again use the PQRS Diabetes Module to collect and submit data to the Registry on a set of 30 unique, separate and distinct patients but **ALL** must be Medicare Part B beneficiaries with either type 1 or type 2 diabetes mellitus. These patients must be between 18 and 75 years of age, and all patients must be covered by Medicare Part B Insurance (although you may collect data from patients covered by Medicare Advantage Programs, these patients will not satisfy this requirement). A patient may be counted only once during the reporting period for a single provider as the data submitted must be for 30 unique, separate and distinct patients who are all Medicare Part B beneficiaries. If you are in a group and a patient is seen for management of their diabetes on several occasions by multiple providers within the group, each provider may include the patient in their respective count.

In 2011, physicians who meet the criteria for satisfactory submission of quality measures data for 30 unique, separate and distinct patients who are all Medicare Part B beneficiaries during the reporting period January 1 - December 31, 2011, will earn an incentive payment of 1 percent of their total allowed charges for Physician Fee Schedule (PFS) covered professional services furnished during that same reporting period. CMS approved financial incentives earned for 2011 reporting are scheduled to be paid in mid-2012 from the Federal Supplementary Medical Insurance (Part B) Trust Fund.

The ABFM PQRS Diabetes Module is easy to use. Prior to beginning the module you must complete an online attestation form for the 2011 PQRS reporting which gives the ABFM permission to transmit your data to CMS. At the end of this document we request both your Individual National Physician Identifier (NPI) number and your Taxpayer Identification Number (TIN) that you, or that your medical group uses for you, to bill Medicare. Please make sure to provide your individual NPI number and the TIN that you or that your medical group uses for you, to bill for Medicare reimbursement (this may be an individual TIN or the TIN that has been assigned to your medical group or corporation). It is important that you supply the correct information because CMS will use both numbers to process your incentive payment. Incorrect numbers may result in a denial of the bonus payment by CMS. Even though this information was submitted in your 2010 PQRI module, you will need to resubmit this data to continue with the 2011 PQRS reporting.

You will collect data for the 2011 PQRS reporting using the printable data collection templates and record data from 30 unique, separate and distinct patients who are all Medicare Part B beneficiaries, between 18 and 75 years of age who have a diagnosis of type 1 or type 2 diabetes mellitus at the time of their visit. You can do this prospectively, filling in information from patients that you see; or if you have an electronic health record system, you can use records for any 30 **unique**, separate and distinct patients (by date of visit) seen in calendar year 2011 and complete the data templates by retrospective chart audit. It is important to remember that regardless of the method you use to collect data, the patients must have been seen between January 1, 2011 and December 31, 2011. Once you have completed the data collection, you will be asked to provide the range of dates of service for the 30 patients you submitted. This information is needed to ensure your patient data has been collected in the reporting period of January 1 - December 31, 2011.

After you have collected data on the requisite number of patients, login to the ABFM Website and enter the data from the templates. The data may be submitted to us as soon as it is collected, but it must be received no later than January 10, 2012.

Be certain to save the data collection templates! Approximately 3% of the registry's participants will be randomly

selected for audit, so it is important that you maintain the templates that you have completed. Because you will be sending the ABFM de-identified data, these templates provide the only link between the data you send to us and the patients you have seen, which must be verified if you are selected for audit. Failure to provide the necessary information needed to conduct the audit will necessarily result in the inability to verify your data and result in disallowance of the 2011 bonus. We will forward your data to CMS in the first quarter of 2012.