

2012 Diabetes Physician Quality Reporting Module Introduction

You have elected to participate in the Physician Quality Reporting (PQRS) using the PQRS Diabetes Module that the American Board of Family Medicine (ABFM) developed specifically for this purpose. 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 PQRI incentive payments to physicians for satisfactory reporting of quality measures data in 2010. It also established alternative reporting periods and criteria for the reporting of measure groups and of PQRI quality measures through a clinical data registry.

CMS has granted approval to the ABFM to submit PQRS data to CMS on behalf of its Diplomates using the ABFM Performance in Practice Registry. You may use the PQRS Diabetes Module to collect and submit data to the Registry on a set of 30 unique, separate and distinct patients with either type 1 or type 2 diabetes mellitus and are Medicare Part B beneficiaries. These patients must be between 18 and 75 years of age, and 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. 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 2012, physicians who meet the criteria for satisfactory submission of quality measures data for 30 unique patients during the reporting period January 1 - December 31, 2012, will earn an incentive payment of 0.5 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 2012 reporting are scheduled to be paid in mid-2013 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 giving 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 denial of the bonus payment by CMS.

To begin collecting data for the module, download the printable data collection templates and record data from 30 **unique**, separate and distinct patients between 18 and 75 years of age who have a diagnosis of type 1 or type 2 diabetes mellitus and are Medicare Part B beneficiaries 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 2012 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, 2012 and December 31, 2012. 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, 2012. 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, 2013.

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. The auditors will request copies of your pertinent patient records for the patients for whom we have submitted data on your behalf if you are one of those

Diplomates randomly selected for audit. Failure to provide the medical records needed to conduct the audit will necessarily result in the inability to verify your data and result in disallowance of the 2012 bonus. We will forward your data to CMS in the first quarter of 2013. If you currently are participating in Maintenance of Certification for Family Physicians (MC-FP), you may elect to continue the diabetes module to receive Part IV credit for your current stage (if you have not already completed a Performance in Practice Module [PPM] or an approved alternative Part IV activity).

To continue the Diabetes PQRS Module for MC-FP Part IV and CME credit, proceed to the quality improvement "wizard" and select one quality indicator to develop a quality improvement (QI) plan. The wizard also will help you develop and submit the QI plan. Implement the plan in your practice, and in approximately 1 week, we will send you an email reminder to collect data using the same methods described above to determine the impact of your QI plan on the care that you deliver to your patients.

When completing the 2012 PQRS Diabetes Module for MC-FP Part IV credit, you may be able to opt and wait until 2013 to collect your post-QI intervention data; and (if available) use the 2013 PQRS Diabetes Module to collect data on another 30 unique, separate and distinct patients and qualify for the 2013 incentive payment. Diplomates who will complete a MC-FP stage this year and wish to use this module for Part IV credit should not wait for 2013 to complete the module, but rather use the PPM version to complete it by December 31, 2012. Physicians who completed the 2011 PQRS Diabetes Module may continue the module to receive credit for the 2012 PQRS Diabetes Module. We will automatically incorporate this data into the 2012 PQRS Diabetes Module if you have elected to continue this module for MC-FP credit, thereby ensuring that you receive appropriate Part IV credit.

Alternative Reporting Mechanism through EHR-based reporting

There is an alternative reporting mechanism available for you to submit data using a "qualified" Electronic Health Record (EHR) system instead of the ABFM PQRI module. The qualified EHR systems can transmit the required data in the file format requested by CMS. The following EHR systems have versions of their product that been approved as an alternative reporting mechanism: Allscripts; DocSite Certified EHR; eClinicalWorks; eHealth Made EASY, LLC; Epic; MedAppz, LLC; MedLink. Any eligible professional who wishes to participate in the 2012 PQRS using a qualified EHR-based reporting system as an alternative reporting mechanism may contact one of the EHR vendors for additional details about their software and participation in PQRI.

For more information on PQRS reporting through an approved EHR system, please visit the link below:

<https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/Downloads/2012QualifiedEHRDirectVendors.pdf>