

2015 Diabetes Physician Quality Reporting Module Introduction

You have elected to participate in the Physician Quality Reporting System (PQRS) using the PQRS Diabetes Module that the American Board of Family Medicine (ABFM) developed specifically for this purpose. Completion of this module will enable you to avoid the penalty adjustment for 2017 based on your successful reporting of data on the 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. It also established alternative reporting periods and criteria for the reporting of measure groups and of PQRS quality measures through a clinical data registry. Previously, the PQRS was a voluntary program, offering incentives to physicians who report on a designated set of quality measures. In 2015, however, if an eligible professional does not satisfactorily report data on quality measures, a 2.0% payment adjustment will be applied in 2017. For further information, please visit <http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/>.

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 20 unique, separate and distinct patients with either type 1 or type 2 diabetes mellitus. These patients must be between 18 and 75 years of age, and the majority (11) 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 20 unique, separate and distinct patients, with a minimum (11) being 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.

The CMS PQRS reporting program will apply a payment adjustment for 2017 for all eligible professionals who do not complete PQRS reporting in 2015. Section 1848(a)(8) of the Social Security Act requires the Center for Medicare and Medicaid Services (CMS) to subject eligible professionals who do not report data on PQRS quality measures to a payment adjustment in 2017. The eligible professionals receiving a PQRS payment adjustment in 2017 will be paid 2% less than the PFS amount for services rendered January 1 – December 31, 2015. The payment adjustment will be applied to eligible professionals based upon each individual NPI/TIN combination billing for Medicare with CMS. Consequently, avoidance of the payment adjustment will only apply to the Medicare Physician Fee Schedule billings associated with the NPI/TIN utilized with the ABFM 2015 Diabetes PQRS registry. Any physician that works at more than one organization and/or billing under a separate TIN number will need to complete an additional PQRS reporting activity to avoid the 2017 payment adjustment for that NPI/TIN combination.

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 the Taxpayer Identification Number (TIN) submitted as the Rendering Provider on the CMS 1500 Claim Form. It is important that you supply the correct information because CMS will use both numbers to process your data so you may be eligible to avoid the payment adjustment in 2017 by CMS. Incorrect numbers may result in payment adjustment in 2017 by CMS.

To begin collecting data for the module, download the printable data collection templates and record data from 20 **unique**, separate and distinct patients, the majority (11) being Medicare Part B beneficiaries, who are between 18 and 75 years of age and 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 20 unique, separate and distinct patients (by date of visit) seen in calendar year 2015 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, 2015 and December 31, 2015. Once you have completed the data collection, you will be asked to provide the range of dates of service for the 20 patients you submitted. This information is needed to ensure your patient data has been collected in the reporting period of January 1 - December 31, 2015.

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 22, 2016.

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 could result in a payment adjustment in 2017. We will forward your data to CMS in the first quarter of 2016. 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.

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 will also help you develop and submit the QI plan. Implement the plan in your practice, and after a minimum of 1 week, you can 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 2015 PQRS Diabetes Module for MC-FP Part IV credit, you may be able to opt and wait until 2016 to collect your post-QI intervention data and (if available) use the 2016 PQRS Diabetes Module to collect data on another set of patients. Diplomates who will complete an MC-FP stage this year and wish to use this module for Part IV credit should not wait for 2016 to complete the module, but rather use the PPM version to complete it by December 31, 2015. Physicians who completed the 2014 PQRS Diabetes Module may continue the module to receive credit for the 2015 PQRS Diabetes Module. We will automatically incorporate this data into the 2015 PQRS Diabetes Module if you have elected to continue this module for MC-FP credit, thereby ensuring that you receive appropriate Part IV credit.