

# DocSite PQRI™ 2010

## Frequently Asked Questions

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Contact DocSite's Customer Care Team at 919-256-9500 x2

**1. When using an alternative reporting method for 2010 PQRI, can clinicians/physicians choose *any measures* to report?**

**Answer:** DocSite offers two services; both recognized by CMS as "registry" or qualified alternative reporting methods. A provider can choose to self-report PQRI clinical data via DocSite's web registry, or a provider can submit claims data files (Billing, PMS, Results, and Meds) at the end of the 2010 PQRI reporting year for DocSite Enterprise service.

If using DocSite's PQRI web registry, a provider reports clinical data for *30 UNIQUE* patients for only ONE MEASURE GROUP.\*

If using DocSite's Enterprise service to submit data files, a provider must provide data on *ALL MEDICARE PART B* patients for at least THREE INDIVIDUAL MEASURES for the entire 2010 reporting year.

*\*A measure group contains from four to ten individual measures in it. CMS has approved the following measure groups for 2010 PQRI reporting: Back Pain, Chronic Kidney Disease, Community-Acquired Pneumonia, Coronary Artery Disease Bypass Graft, Coronary Artery Disease, Diabetes Mellitus, Heart Failure, Hepatitis C, HIV/AIDS, Ischemic Vascular Disease, Perioperative Care, Preventive Care, and Rheumatoid Arthritis.*

**2. What is the last day I can submit my data to DocSite?**

**Answer:** DocSite customers can submit their data to us until *JANUARY 31, 2011*. Data must be captured during office visits January 1, 2010 - December 31, 2010.

**3. My physician is a specialist. Can s/he report on specialty-specific measures?**

**Answer:** If the specialty-specific measure is included in a measure group, your provider(s) can report 2010 PQRI using DocSite's PQRI web registry.

If the specialty-specific measure is not include in a measure group, the provider(s) may choose a "generic" measure group like Preventive Care to report;

*OR*

If the specialty-specific measure is not include in a measure group, for provider groups of 50 or more DocSite can process submitted data files containing information pertinent to reporting the specialty-specific measure(s) using DocSite's Enterprise service.

**4. Our office is a paper-based practice. What is the cost for data entry?**

**Answer:** There is no additional cost to your practice to enter your clinical data using DocSite's 2010 PQRI web registry. DocSite's user-friendly design provides a quick and simple process.

**5. There is a \$350 per provider processing fee to submit data to CMS via DocSite's PQRI web registry. Is this per provider per month or a one-time per provider fee?**

**Answer:** The fee is a one-time submission fee assessed per provider at the time the provider's patient data is submitted using DocSite's PQRI web registry.

**6. Can I receive an invoice for all of my doctors rather than paying for each individually?**

**Answer:** Yes. Simply contact DocSite's Customer Care Team at 919-256-9500 x 2 to receive a code to use during submission. No provider's PQRI data will be transmitted to CMS before payment is received in full.

**7. Can DocSite accept claims and/or clinical data from a database we maintain so we do not have to do data entry?**

**Answer:** Yes, DocSite can use your clinical or billing code data and submit it to CMS for PQRI reporting. There will be an additional fee associated with processing the data, but this may be a more cost-effective means of submitting data for larger provider groups. Please contact DocSite's Customer Care Team at 919-256-9500 x 2 to discuss the DocSite PQRI Enterprise service, cost, and features.

**8. Will my submission be accepted by CMS?**

**Answer:** DocSite guarantees that the submission will meet the CMS format. We cannot guarantee CMS payment. DocSite's solutions have validation and screening features built into the data entry process. Once your PQRI information is submitted, DocSite reviews data for context and parameters (e.g. field length) prior to calculating numerators and denominators which are then submitted to CMS with the provider demographic information. The DocSite solution incorporates significant advanced data validation and screening to offer the highest opportunity for acceptance of submitted data, creating low risk for participation and high expectations for payment.

**9. Do all the patients have to be traditional Medicare Part B Fee-For-Service patients?**

**Answer:** If you are reporting 2010 PQRI data using DocSite's PQRI web registry, no. Only a minimum of two reported patients need to be Medicare Part B Fee-For-Service patients.

If you are reporting 2010 PQRI data using DocSite's PQRI Enterprise service, yes.

**10. If I have already started reporting PQRI data with my claims, using G-codes and the 80% rule, can I submit data for payment using DocSite PQRI?**

**Answer:** Yes. The DocSite solutions follow CMS' PQRI Alternative Reporting Method. You can submit clinical data for payment via DocSite's PQRI web registry and get paid your full 2% of annual reimbursement even if you have already started reporting PQRI using the 80% claims-based approach.

OR

You can submit data files for DocSite's PQRI Enterprise processing.

You WILL NOT receive more than 2% of your annual reimbursement by using BOTH claims reporting and an alternative reporting method.

**11. Will I make more money using DocSite for clinical data submission for PQRI than I would using the traditional G-codes claims method?**

**Answer:** Maybe. Using DocSite's PQRI web registry for clinical data submission makes earning your 2010 PQRI bonus much easier than using billing codes and the 80% rule. Potentially, a provider may not make the minimum numbers required by CMS to report via claims. A provider must successfully report on at least 80% of his/her Medicare Part B Fee-For-Service patients for at least three individual measures to receive the 2% incentive.

**12. Will I earn more incentive submitting data on more than one measure group?**

**Answer:** No. You can only choose ONE measure group to report for incentive. Submitting data across multiple measure groups will NOT earn additional incentive.

**13. How will I know when I have completed my PQRI reporting requirement?**

**Answer:** DocSite's PQRI web registry is designed to review the collected data at each save, to ensure minimum reporting criteria is met before allowing you to finally submit your data.

**14. How will I be paid?**

**Answer:** CMS will disburse the PQRI incentive using your standard Medicare reimbursement processes. If you have multiple providers submitting from the same practice, all incentive payments will come together at one time marked as a lump sum payment. Payment should be received by Fall, 2011.

**15. My local medical society or other organization is discounting or paying for the provider submission fee. How is the discount received?**

**Answer:** The sponsoring organization should have provided you a coupon code to use at the time of PQRI data submission in DocSite's PQRI web registry. Please contact your sponsoring organization if you cannot find your coupon code. DocSite does not distribute these societies' or organizations' coupons, but can provide contact names and numbers. Each provider's submission is matched by the sponsoring organization against their authorized coupon distribution list for confirmation. Anyone using a coupon code which does not match the sponsoring organization's authorized list will be charged the full submission fee prior to data being provided to CMS.

**16. What does this process have to do with improving patient quality when mostly what's discussed is "getting the money?"**

**Answer:** PQRI is currently designed to encourage medical care providers to discuss quality care oriented questions during an office visit, as well as to encourage appropriate documentation of data in a patient's medical chart for follow up or reference at a later date/time. Reporting the requested data for PQRI incentive promotes awareness by providers and practices what data may or may not be fully or appropriately documented during their current patient process. The federal government is currently willing to provide incentive to physicians for their participation in PQRI. PQRI is a voluntary opportunity; no provider is required to participate. Those who do choose to participate in 2010 can earn 2% incentive from CMS for their efforts.

**17. Does a copy of the patient appointment list have to be submitted to CMS with the data?**

**Answer:** No. Retain a copy of the source you used to determine which patients were reported for auditing purposes, in case validation of appointment with the reporting provider is necessary.

**18. How is the 2010 PQRI 2% incentive payment calculated?**

**Answer:** CMS will review and analyze the submitted data to determine satisfactory reporting and eligibility for incentive payment of 2% of a provider's total allowed charges for covered Medicare Part B Physician Fee Schedule (PFS) services provided during the reporting period.

**19. What do I do if there is no response to a question? For example, the patient's LDL value is not known.**

**Answer:** All individual measures within a measure group have the ability to be answered, even if you can find documentation in a patient's record to report. There is always the option to answer "Not Done," or a variation of this response (i.e., Not ordered,

Not given, etc.). This is a legitimate choice and the provider is not penalized for answering a measure with this option. It is not advised to answer ALL measures within a measure group in this manner.

If you have other questions about the PQRI program that aren't answered in this document, refer to the CMS PQRI website (<http://www.cms.hhs.gov/pqri>) or contact a DocSite Customer Care team member at 919-256-9500 x 2.