

DocSite PQRI™ 2009

Frequently Asked Questions

Contact DocSite's Customer Care Team at 919-256-9500 x1

1. **For the PQRI Alternative Reporting Method, can clinicians/physicians choose any measures on which they wish to report?**
 - a. No. They can only choose one of the seven authorized condition/measure sets offered under the Alternative Reporting Method for 2009:
 - i. Prevention (serves virtually ALL specialties, except pediatric specialties)
 - ii. Diabetes
 - iii. Chronic Kidney Failure
 - iv. Perioperative Care
 - v. Rheumatoid Arthritis
 - vi. CABG
 - vii. Lower Back Pain

(For the DocSite Core PQRI solution the answer is no; however, and generally speaking, clinicians/physicians choosing the registry option of 80% of Medicare FFS patients may, according to current CMS rulings, choose any 3 PQRI measures. DocSite continually develops solutions to meet market demands and support the evolving needs of its customers. Please contact DocSite to discuss your specific needs.)

2. **What is the last day I can submit my data to DocSite?**
 - a. DocSite customers can submit their data to us until February 28, 2010. Data must be captured during office visits between January 1, 2009 and December 31, 2009, so you still have time to submit data!
3. **My physician is a (insert specialty here – e.g. cardiologist). Can we report on (specialty specific measures – e.g. CAD – outside of the 7 conditions noted in #1 above) measures?**
 - a. Technically yes, by using other reporting methods, but the fastest and easiest way to PQRI success is through the Prevention measure set and the alternative reporting period.
4. **Our office is a paper-based practice. What is the cost for data entry?**
 - a. There is no additional cost to your practice if you self-enter your PQRI patient data to the DocSite website. Practices are encouraged to self-enter PQRI information directly to the DocSite website. DocSite's user-friendly design offers a quick and simple process.
5. **There is a \$350 processing fee to submit data to CMS. Is this per clinician/physician per month or a one-time per clinician/physician fee?**
 - a. Each physician can qualify for only one PQRI submission; therefore the per physician submission fee is incurred only once, at the time of submission.

- 6. Can I receive an invoice for all of my doctors rather than paying for each individually?**
 - a. Sure. Simply contact DocSite's Customer Care Team at 919-256-9500 x 1 and we will provide you with a code to use during submission. No data will be transmitted to CMS before payment has been 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?**
 - a. Yes, DocSite can use your readily available clinical or billing code data and submit it under either the billing code or clinical data pathway. There will be an additional fee associated with creating the temporary data interface, but this may be a more cost-effective means of submitting data for larger provider groups.

- 8. Will my submission be accepted by CMS?**
 - a. DocSite guarantees that the submission will meet the CMS format. We cannot guarantee CMS payment as we are not CMS. However, the DocSite solution has pre-screening features built into the data entry process. Once the pre-screened 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 screening in order 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 patients Fee-For-Service?**
 - a. No. Although all patients included in prevention must be 50 years old or older, only two of the patients must be traditional Medicare Fee-For-Service (Medicare Part B) for the Prevention measure set. Diabetes patients must be between the age 18 and 75. Lower Back Pain requires patients between 18 and 79, while the remaining four measure groups all require patients over 18 years old.

- 10. If I have already started/reported data using G codes and the 80% rule, can I submit data for payment using DocSite PQRI?**
 - a. Yes. However, it is an either or situation. The DocSite solution supports the PQRI Alternative Reporting Method. You can submit clinical data for payment via the DocSite solution and get paid your full 2% of annual reimbursement even if you have already started reporting/tracking using the 80%/claims-based approach – whether completed or not. You will NOT receive more than 2% of your annual reimbursement by using BOTH approaches. The DocSite solution offers a simple and straight forward alternative choice for participation in PQRI and supports eligibility for the full 2% bonus payment for FULL YEAR 2009.

- 11. Will I make more money using DocSite for clinical data than I would using the traditional method (Admin codes)?**
 - a. No, but using DocSite PQRI and the clinical data submission pathway makes earning your 2009 PQRI bonus much easier than using billing codes and the 80% rule.

12. Will I earn more money submitting data on more than one condition?

- a. No. You can only choose ONE condition/measure set to track data and earn your bonus. Submitting data across multiple conditions/measure sets will NOT earn additional money.

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

- a. DocSite PQRI is designed to review the data you have collected to ensure criteria has been met before allowing you to submit your data to CMS. DocSite PQRI will not allow you to add more patients once your requirement has been met.

14. How will I be paid?

- a. You should expect CMS to pay your PQRI bonus using standard reimbursement processes. Payment is expected to be made in the summer of 2010.

15. My (insert organization here – e.g. medical society) is paying for (or discounting) my submission fee. How do I receive my discount?

- a. Each individual clinician/physician should register directly via the DocSite website. The PQRI information should be collected and then when completed, submitted using the coupon code provided by your (insert organization here – e.g. medical society). Please contact either your sponsoring organization (e.g. medical society), or the DocSite Customer Care Team (919-256-9500 x1) if you cannot find your coupon code. Each clinician/physician submission will be matched against the sponsoring organization's authorized 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 all you talk about is "getting the money?"

- a. PQRI is designed to BEGIN getting physicians USED TO asking quality-oriented questions during the clinical office visit and documenting/reporting that data to outside entities. Asking a few questions about preventative medicine does NOT necessarily lead to improved patient care, but it DOES get physicians to begin the process of modifying office flow for longitudinal tracking and pro-active patient care and the federal government is willing to pay physicians for that effort. PQRI is an opportunity and no clinician/physician is required to participate, but those who do stand the chance to earn a 2% bonus from CMS for minimal effort.

17. Does a copy of the patient schedules/selection list have to be submitted to CMS with the data?

- a. No. Retain a copy of the source you used to determine the consecutive nature of the patients selected for auditing purposes.

18. How is the 2009 Physician Quality Reporting Initiative (PQRI) 2% incentive payment calculated?

- a. The Physician Quality Reporting Initiative (PQRI) financial incentive is an all or nothing Lump-sum payment. The physician or other eligible professional must meet the basic requirement for the reporting option selected. CMS will review and analyze data reported to determine satisfactory reporting and eligibility for a

maximum incentive payment of 2% of total allowed Medicare Physician Fee Schedule (PFS) charges for Part B covered services furnished 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.

- a. Leave blank. The patient will be considered eligible for reporting purposes and excluded from performance reporting.

Note: if you have further questions about the PQRI program that you can't answer, refer to the CMS PQRI website – <http://www.cms.hhs.gov/pqri> .