

TABLE 63: Proposed Measures for Eligible Professionals and Group Practices Who Report Using Administrative Claims for the 2015 and 2016 PQRS Payment Adjustment

NQF Number	Measure Title	Measure Steward	Domain of Care
0279	Bacterial Pneumonia The number of admissions for bacterial pneumonia per 100,000 population.	AHRQ	Care Coordination
0281	UTI The number of discharges for urinary tract infection per 100,000 population Age 18 Years and Older in a one year time period	AHRQ	Care Coordination
0280	Dehydration The number of admissions for dehydration per 100,000 population.	AHRQ	Care Coordination
	Composite of Chronic Prevention Quality Indicators	N/A	
	Diabetes Composite		
0638	Uncontrolled diabetes The number of discharges for uncontrolled diabetes per 100,000 population Age 18 Years and Older in a one year time period.	AHRQ	Care Coordination
0272	Short Term Diabetes complications The number of discharges for diabetes short-term complications per 100,000 Age 18 Years and Older population in a one year period.	AHRQ	Care Coordination
0274	Long term diabetes complications The number of discharges for long-term diabetes complications per 100,000 population Age 18 Years and in a one year time period.	AHRQ	Care Coordination
0285	Lower extremity amputation for diabetes The number of discharges for lower-extremity amputation among patients with diabetes per 100,000 population Age 18 Years in a one year time period.	AHRQ	Care Coordination
0275	COPD The number of admissions for chronic obstructive pulmonary disease (COPD) per 100,000 population.	AHRQ	Care Coordination
0277	Heart Failure Percent of the population with admissions for CHF.	AHRQ	Care Coordination
N/A	All Cause Readmission The rate of provider visits within 30 days of discharge from an acute care hospital per 1,000 discharges among eligible beneficiaries assigned.	CMS	Care Coordination
N/A	30 Day Post Discharge Visit The rate of provider visits within 30 days of discharge from an acute care hospital per 1,000 discharges among eligible beneficiaries assigned.	CMS	Care Coordination
0576	Follow-Up After Hospitalization for Mental Illness Percentage of discharges for patients who were hospitalized for treatment of selected mental health disorders and who had an outpatient visit, an intensive outpatient encounter, or partial hospitalization with a mental health practitioner	NCQA	Care Coordination
0021	Annual Monitoring for Beneficiaries on Persistent Medications Percentage of patients 18 years of age and older who received at least 180 treatment days of ambulatory medication therapy for a select therapeutic agent during the measurement year and at least one therapeutic monitoring event for the therapeutic agent in the measurement year.	NCQA	Patient Safety
0555	Lack of Monthly INR Monitoring for Beneficiaries on Warfarin Average percentage of 40-day intervals in which Part D beneficiaries with claims for warfarin do not receive an INR test during the measurement period.	CMS	Patient Safety
0577	Use of Spirometry Testing to Diagnose COPD Percentage of patients at least 40 years old who have a new diagnosis or newly active chronic obstructive pulmonary disease (COPD) who received appropriate spirometry testing to confirm the diagnosis.	NCQA	Clinical Care
0549	Pharmacotherapy Management of COPD Exacerbation Percentage of chronic obstructive pulmonary disease (COPD) exacerbations for patients 40 years of age and older who had an acute inpatient discharge or ED encounter between January 1–November 30 of the measurement year and were dispensed appropriate medications	NCQA	Clinical Care
0543	Statin Therapy for Beneficiaries with Coronary Artery Disease Medication Possession Ratio (MPR) for statin therapy for individuals over 18 years of age with coronary artery disease.	CMS	Clinical Care
0583	Lipid Profile for Beneficiaries Who Started Lipid-Lowering Medications	Resolution Health	Clinical Care

NQF Number	Measure Title	Measure Steward	Domain of Care
	Percentage of patients age 18 or older starting lipid-lowering medication during the measurement year who had a lipid panel checked within 3 months after starting drug therapy		
0053	Osteoporosis Management in Women ≥ 67 Who Had a Fracture Percentage of women 67 years and older who suffered a fracture and who had either a bone mineral density (BMD) test or prescription for a drug to treat or prevent osteoporosis in the six months after the date of fracture.	NCQA	Clinical Care
0055	Dilated Eye Exam for Beneficiaries ≤ 75 with Diabetes Percentage of adult patients with diabetes aged 18-75 years who received a dilated eye exam by an ophthalmologist or optometrist during the measurement year, or had a negative retinal exam (no evidence of retinopathy) by an eye care professional in the year prior to the measurement year.	NCQA	Clinical Care
0057	HbA1c Testing for Beneficiaries ≤ 75 with Diabetes Percentage of adult patients with diabetes aged 18-75 years receiving one or more A1c test(s) per year.	NCQA	Clinical Care
0062	Urine Protein Screening for Beneficiaries ≤ 75 with Diabetes Percentage of adult diabetes patients aged 18-75 years with at least one test nephropathy screening test during the measurement year or who had evidence existing nephropathy (diagnosis of nephropathy or documentation of microalbuminuria or albuminuria).	NCQA	Clinical Care
0063	Lipid Profile for Beneficiaries ≤ 75 with Diabetes Percentage of adult patients with diabetes aged 18-75 who had an LDL-C test performed during the measurement year.	NCQA	Clinical Care
0075	Lipid Profile for Beneficiaries with Ischemic Vascular Disease Percentage of patients 18 years of age and older who were discharged alive for acute myocardial infarction (AMI), coronary artery bypass graft (CABG) or percutaneous coronary interventions (PCI) from January 1–November 1 of the year prior to the measurement year, or who had a diagnosis of ischemic vascular disease (IVD) during the measurement year and the year prior to measurement year, who had a complete lipid profile during the measurement year.	NCQA	Clinical Care
0105	Antidepressant Treatment for Depression Percentage of discharges for patients who were hospitalized for treatment of selected mental health disorders and who had an outpatient visit, an intensive outpatient encounter, or partial hospitalization with a mental health practitioner.	NCQA	Clinical Care
0031	Breast Cancer Screening for Women ≤ 69 Percentage of eligible women 40-69 who receive a mammogram in during the measurement year or in the year prior to the measurement year.	NCQA	Clinical Care

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We invite public comment on the proposed measures for eligible professionals and group practices that report using administrative claims. We seek comment on whether these are these proposed measures.

7. Proposed Maintenance of Certification Program Incentive: Proposed Self-Nomination Process for Entities Wishing To Be Qualified for the 2013 and 2014 Maintenance of Certification Program Incentives

We propose that new and previously qualified entities wishing to become qualified to provide their members with an opportunity to earn the 2013 and/or 2014 Maintenance of Certification Program incentives undergo a self-nomination and qualification process. Once qualified, the entity would be able to submit data on behalf of its eligible professionals.

For the self-nomination process, we propose that an entity wishing to be qualified for the 2013 and/or 2014 Maintenance of Certification Program incentive would be required to submit

a self-nomination statement containing all of the following information via the web:

- Provide detailed information regarding the Maintenance of Certification Program with reference to the statutory requirements for such program.
- Indicate the organization sponsoring the Maintenance of Certification Program, and whether the Maintenance of Certification Program is sponsored by an American Board of Medical Specialties (ABMS) board. If not an ABMS board, indicate whether and how the program is substantially equivalent to the ABMS Maintenance of Certification Program process.
- Indicate that the program is in existence as of January 1 the year prior to the year in which the entity seeks to be qualified for the Maintenance of Certification Program incentive. For example, to be qualified for the 2013 Maintenance of Certification Program incentive, the entity would be required to be in existence by January 1, 2012.

- Indicate that the program has at least one (1) active participant.
- The frequency of a cycle of Maintenance of Certification for the specific Maintenance of Certification Program of the sponsoring organization, including what constitutes “more frequently” for both the Maintenance of Certification Program itself and the practice assessment for the specific Maintenance of Certification Program of the sponsoring organization.
- Confirmation from the board that the practice assessment will occur and be completed in the year the physician is participating in the Maintenance of Certification Program Incentive.
- What was, is, or will be the first year of availability of the Maintenance of Certification Program practice assessment for completion by an eligible professional.
- What data is collected under the patient experience of care survey and how this information would be provided to CMS.
- Describe how the Maintenance of Certification program monitors that an

eligible professional has implemented a quality improvement process for their practice.

- Describe the methods, and data used under the Maintenance of Certification Program, and provide a list of all measures used in the Maintenance of Certification Program for the year prior to which the entity seeks to be qualified for the Maintenance of Certification Program incentive (for example, measures used in 2012 for the 2013 Maintenance of Certification Program incentive), including the title and descriptions of each measure, the owner of the measure, whether the measure is NQF endorsed, and a link to a Web site containing the detailed specifications of the measures, or an electronic file containing the detailed specifications of the measures.

For the qualification process, we propose that an entity must meet all of the following requirements to be considered for qualification for purposes of the 2013 and 2014 Maintenance of Certification Program incentives:

- The name, NPI and applicable TINs of eligible professionals who would like to participate for the 2013 and/or 2014 Maintenance of Certification Program incentives.

- Attestation from the board that the information provided to CMS is accurate and complete.

- The board has signed documentation from eligible professional(s) that the eligible professional wishes to have the information released to us.

- Information from the patient experience of care survey.

- Information certifying the eligible professional has participated in a Maintenance of Certification Program for a year, "more frequently" than is required to qualify for or maintain board certification status, including the year the physician met the board certification requirements for the Maintenance of Certification Program, and the year the eligible professional participated in the Maintenance of Certification Program "more frequently" than is required to maintain or qualify for board certification.

- Information certifying the eligible professional has completed the Maintenance of Certification Program practice assessment at least one time each year the eligible professional participates in the Maintenance of Certification Program Incentive.

We are proposing this self-nomination and qualification process because the process is identical to the self-nomination and qualification process finalized for the 2011 and 2012

Maintenance of Certification Program incentives and we believe such requirements remain appropriate. As the incentives only run through 2014, we believe it is important to keep the requirements consistent with what has been required for the 2011 and 2012 Maintenance of Certification Program incentives. We invite public comment on our proposed self-nomination and qualification process for entities who wish to be qualified for the 2013 and 2014 Maintenance of Certification Program incentive.

8. Informal Review

We established an informal review process for 2012 and beyond in the CY 2012 Medicare PFS final rule (76 FR 73390). In this proposed rule, we address the additional parameters of eligible professionals and group practices subject to a PQRS payment adjustment requesting an informal review. For eligible professionals and group practices that are subject to the payment adjustments that wish to request an informal review, in addition to the requirements we previously established, we propose the following:

- For eligible professionals and group practices wishing to submit an informal review related to the payment adjustment, we propose that an eligible professional electing to utilize the informal review process must request an informal review by February 28 of the year in which the payment adjustment is being applied. For example, if an eligible professional requests an informal review related to the 2015 payment adjustment, the eligible professional would be required to submit his/her request for an informal review by February 28, 2015. We believe this deadline provides ample time for eligible professionals and group practices to discover that their respective claims are being adjusted due to the payment adjustment.

- Where we find that the eligible professional or group practice did satisfactorily report for the payment adjustment, we propose to cease application of the payment adjustment and reprocess all claims that have been erroneously adjusted to date.

We invite public comment on our proposals for the PQRS informal review process.

H. The Electronic Prescribing (eRx) Incentive Program

We established the requirements for the 2013 and 2014 eRx Incentive Program in the CY 2012 Medicare PFS final rule (76 FR 73393). This section contains additional proposals for the 2013 and 2014 eRx Incentive Program.

1. Proposed Alternative Self-Nomination Process for Certain Group Practices Under the eRx GPRO

In the CY 2012 Medicare PFS final rule (76 FR 73394), we established that a group practice wishing to participate in the eRx Incentive Program under the eRx GPRO must self-nominate via the web. However, we propose an alternative submission mechanism for self-nomination by groups participating in the MSSP, Pioneer ACO, or PGP Demonstration. Specifically, we propose that the participating TINs within these groups that wish to participate in the eRx Incentive Program using the eRx GPRO must submit a self-nomination statement by sending a letter indicating its intent to participate in the eRx Incentive Program under the eRx GPRO. We also propose that the group practice must submit an XML file describing the eligible professionals included in the group practice. We are proposing this alternative submission mechanism for group practices that are participating as groups in the MSSP, Pioneer ACO, or PGP Demonstration because it is not technically feasible for CMS to receive this information from these group practices via the web. We invite public comment on this proposed alternative mechanism for submitting self-nomination statements and the XML file for the types of group practices identified above that want to participate in the eRx Incentive Program using the eRx GPRO.

2. The 2013 Incentive: Proposed Criterion for Being a Successful Electronic Prescriber for Groups Comprised of 2–24 Eligible Professionals Selected To Participate Under the eRx GPRO

As stated in section III.G, we are proposing to modify § 414.90(b) to define a group practice as "a single Tax Identification Number (TIN) with 2 or more eligible professionals, as identified by their individual National Provider (NPI), who have reassigned their Medicare billing rights to the TIN." Under § 414.92(b), we define a group practice as a practice that indicates its desire to participate in the eRx group practice option and meets the definition of group practice according to the PQRS at § 414.90(b), or a group practice participating in certain other Medicare programs (for example, PGP demonstration, Shared Savings Program). Therefore, since we are proposing to change the minimum group practice size from 25 to 2, we are proposing to add another criterion for being a successful electronic reporter under the program for the 2013