

Important Information about Individual Physician Reports in 2011

1) Why am I receiving this report?

This confidential Quality Resource Use Report (QRUR) provides you with information about the quality of care and cost of the care that you furnish to your Medicare fee-for-service patients. We hope you tell us how we can improve reports that we will send to physicians in the future.

The report also allows you to compare the quality and cost of your Medicare fee-for-service patients' care with that of Medicare fee-for-service patients treated by physicians in your specialty and by other physicians in Iowa, Kansas, Missouri, and Nebraska. The report highlights your degree of involvement with all Medicare patients you treated, based on claims you submitted to Medicare. Finally, the report includes possible components of a physician payment modifier required by the Affordable Care Act of 2010. The payment modifier will provide for differential payment to physicians or to groups of physicians under the physician fee schedule - based upon the quality of care furnished compared with cost.

2) How many physicians and groups will receive Quality and Resource Use Reports this year?

CMS is distributing QRURs to individual physicians treating fee-for-service Medicare patients in Iowa, Kansas, Missouri, and Nebraska. In September 2011, CMS sent group practice QRURs to the 35 large medical practices across the country (each with at least 200 physicians) that participated in the 2010 Group Practice Reporting Option (GPRO I) of the Physician Quality Reporting System.

We anticipate providing QRURs to more physicians next year based on the feedback we receive about this year's reports. CMS is very interested in hearing your thoughts on the design and content of these reports. Your comments will help shape future QRURs, value-based purchasing efforts across CMS, and the development of a value-based payment modifier for physician services.

3) What is the Physician Feedback Program?

The Physician Feedback Program is one part of Medicare's effort to improve the quality and efficiency of medical care and to help CMS develop meaningful and actionable information to physicians to improve the quality of care they furnish. The primary goal of this program is to provide confidential information through QRURs to physicians and physician group practices about the quality of care they furnish and the resources they use to care for their Medicare fee-for-service patients. The QRURs also provide some comparative information so that physicians can see their quality of care compared to physicians or practices caring for Medicare patients in similar specialties and in similar areas of the country.

Congress created the Physician Resource Use Measurement and Reporting Program in the Medicare Improvements for Patients and Providers Act of 2008. The program was extended and enhanced under the 2010 Affordable Care Act and is now called the Physician Feedback Program.

4) How do the QRUR reports relate to the Physician Value Modifier?

The QRURs utilize performance measures that may later be included in CMS' physician "value-based payment modifier." CMS will use the value-based payment modifier to adjust Medicare fee-for-service payments to physicians based on the quality of care they furnish compared to the costs (to Medicare) of such care. The Secretary of the Department of Health and Human Services will phase in the value-base payment modifier over a two-year period beginning in 2015, with the initial performance period slated to begin in 2013. In 2015 and 2016, the Secretary has discretion to apply

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the value-based payment modifier to specific physicians and/or groups of physicians that the Secretary determines appropriate. Beginning in 2017, the value-based payment modifier will apply to all payments made under the Medicare fee-for-service payment schedule. CMS anticipates proposing the methodology for the value-based payment modifier in 2012.

5) What information is contained in the QRUR and how is it relevant to my practice?

The QRUR includes information on quality of care that you provided to your Medicare fee-for-service patients in 2010 and the cost of that care. The report uses clinical measures derived from Medicare fee-for service claims to assess quality of care related to chronic obstructive pulmonary disease; bone, joint, and muscle disorders; cancer; diabetes; gynecology; heart conditions; human immunodeficiency virus; mental health; prevention; and medication management. In addition, if you participated as an individual physician in the Physician Quality Reporting System (PQRS) in 2010, your performance on the PQRS measures on which you reported is also included in the report.

Resource use is measured by the average Medicare payments of the fee-for-service patients whom you treated. In addition, the report includes information on the per capita costs of your patients who have one of four chronic conditions: chronic obstructive pulmonary disease, coronary artery disease, diabetes, and heart failure. All cost data in your report have been price standardized and risk adjusted to account for differences in patients' age, gender, Medicaid eligibility, and history of medical conditions so that we make "apples-to-apples" comparisons among professionals.

These reports are intended to (1) highlight areas where a physician is doing well and identify areas for improvement, and (2) allow a physician to compare the quality of care that his/her Medicare patients receive with care received by other Medicare patients in Iowa, Kansas, Missouri, or Nebraska. Physicians can compare the per capita costs of his/her patients to the average costs of other physicians' patients.

6) Is CMS working with the medical community to develop the Quality and Resource Use Reports?

Throughout this process, CMS has collaborated with stakeholders inside and outside the government, worked with physician and medical specialty groups, and held public listening sessions to hear what approaches might be suggested by providers. Commonly used HEDIS measures and other quality measures endorsed by the National Quality Forum play a prominent role in reports we have developed. CMS continues to strongly encourage medical specialties to develop measures of clinical quality that are most reflective of their medical specialty, and to submit to NQF such measures for review and endorsement.

7) Which physicians are represented by data in the individual physician QRURs?

Physicians who in 2010 (1) participated in the fee-for-service Medicare program and (2) practiced in Iowa, Kansas, Missouri, or Nebraska are represented in the individual physician reports.

8) Could some physicians in the four-state area see their performance reflected in both an individual and a group-level QRUR in 2011?

Physicians practicing in Iowa, Kansas, Missouri, or Nebraska have been specified by CMS to receive a confidential individual report. The 35 medical group practices that participated in the Group Practice Reporting Option (GPRO I) of the Physician Quality Reporting System in 2010 received an aggregate level report in September 2011. In some cases, physicians practicing in the designated four-state

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region, are affiliated with a large practice that participated in the group reporting option, so a physician receiving an individual report may also see a differently-focused quality and resource use report that assesses the relative performance of his or her medical practice group, as a whole. The physician-level reports are designed for individual practitioners and contain different information than the group-level reports. In group-level reports, individual physicians are not identified. Neither individual nor group-level reports identify the physicians or groups that comprise “peers” to which performance is compared.

9) How will CMS distribute the QRURs to physicians?

Physicians who submit fee-for-service Medicare claims designate a point of contact for communications with the Medicare Administrative Contractor (MAC). The MAC for Iowa, Kansas, Missouri, and Nebraska, WPS, will e-mail a hyperlink for each individual Quality and Resource Use Report (QRUR) to these Points of Contact (POC).

The POC will be asked to forward the relevant, personalized link to each physician he or she represents. Each physician can then download his or her confidential QRUR, using Adobe Reader. WPS will store these reports and make them available for only three months, so prompt action will be required by the POC (in forwarding the personalized link to each physician) and by each physician in downloading the QRUR once they have received the their report hyperlink.

10) How did you identify the email addresses used to distribute the QRURs?

In addition to the contact identified during each physician’s Medicare enrollment, other sources such as the Part B Medicare claims system, also contain email addresses for physician-designated contacts. At CMS’ request WPS Medicare analyzed provider records stored in the claims processing system, an internal workload tracking system, and information captured in the CMS Secure Net Access Portal (C-SNAP) application to determine email addresses for the points of contact who will receive QRUR s.

11) How is this process different than in the past?

In February 2012, reports for individual physicians will be disseminated exclusively via email by WPS, the Medicare Administrative Contractor for Iowa, Kansas, Missouri, and Nebraska. Points of contact will receive an advance e-mail advising them that they will be receiving links to individual physician reports and asking that they forward those links to physicians they represent as promptly as possible. Unlike last year, physicians will not be able to call WPS to request a QRUR.

12) Can I get my QRUR another way?

If physicians do not receive a link or a QRUR by the end of February 2012, physicians should first communicate their interest in receiving their QRUR to their point of contact/designated MAC liaison (This may be the person that submits their claims to Medicare.)

WPS will post information about how a physician (who practiced in Iowa, Kansas, Missouri, or Nebraska and treated fee-for-service Medicare patients in 2010) can download his or her own QRUR. **Go to wpsmedicare.com for information.**

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It is most probable that WPS will not be able to respond to requests from individual physicians who would like to request a Quality and Resource Use Report. QualityNet is not involved in the dissemination process for the QRUR.

13) What should I look for in the QRUR once I download it?

Use Adobe Reader to open the QRUR report link which will be a pdf file. If you do not have Adobe Reader, you can download it free at...<http://get.adobe.com/reader/>

CMS recognizes that physicians are central to ensuring the provision of quality health care and to controlling medical costs, and there are several ways this report can help practices with those efforts. Once you receive your QRUR, please review it carefully for information about quality of care and cost for you and your peers that you may find useful in your guiding your efforts to provide high-quality to your patients while making efficient use of resources. Specifically, please note that although CMS has not set thresholds for quality or ceilings for costs, areas in which your quality indicators are below the average of your peers or where costs for your Medicare patients are above the average for your peers should be viewed as areas in which quality could be improved or costs could be better controlled. Perhaps average is not the level you seek? Which areas, with some effort, could be more reflective of the level of clinical quality and efficiency you seek in your practice? Reviewing the report also will help physicians become familiar with the type of data that CMS may incorporate into a value-based payment modifier in the future to adjust physicians' Medicare payments.

If you have questions about the report methodology, find certain parts of the report to be unclear, have suggestions for improving future reports, or wish to provide any other feedback, you can send an email to CMS_Medicare_Physician_Feedback_Program@mathematica-mpr.com with your comments. This email box will be available for three months after report dissemination.

14) Will there be avenues to discuss or ask questions about the QRUR once I download it?

Yes. Following the distribution of the QRUR, you will have the opportunity to ask questions regarding your report and to submit suggestions for how the report content or format might be improved in the future via both email and a toll-free telephone number. In addition, CMS plans to convene at least two conference calls with report recipients and CMS staff in the weeks following dissemination of the reports. The calls will address technical questions that physicians may have about the reports, as well as provide an opportunity to suggest how these reports might be made more fair, actionable, and/or meaningful in the future. As we continue to test content and expand the number of physicians and medical group practices that receive a report in future years, we would greatly welcome your participation.

15) Where can I call or email with questions about information in my QRUR?

There are several ways to provide feedback to CMS:

- 1) Send your comments or questions about information in the QRUR via e-mail to CMS_Medicare_Physician_Feedback_Program@mathematica-mpr.com.
- 2) Call 855-272-3635 toll-free and leave a voicemail with your content-related issues.

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- 3) Participate—or encourage representatives of your medical society to take part—in one of the telephone discussions about the 2010 QRUR by sending an e-mail to CMS_Medicare_Physician_Feedback_Program@mathematica-mpr.com. The dates of these telephone discussions will be listed on the cover letter that will be sent with your 2010 QRUR report.
- 4) Comments about the Physician Feedback Program or Quality and Resource Use Reports can be sent to QRUR@cms.hhs.gov. This mailbox is monitored but we cannot ensure that you will receive an individual response due to the volume of inquiries and other demands on staff.

The contractor-supported email box and the toll-free phone number will be active for three months following the distribution of the reports. In addition, information about the reports and a description of the report methodology are available on the CMS website at <http://www.cms.gov/physicianfeedbackprogram>.

16) How will the information in my QRUR be used? Will it affect my payment?

For the next few years, the Quality and Resource Use Reports are intended for confidential informational and educational purposes only. Information contained in the report will not affect physicians' Medicare payments or participation in Medicare, and the information will not be reported publicly.

17) In what year might physician payment be affected?

Beginning in 2015, using quality and cost data collected from services delivered during 2013, CMS will begin to modify physician payment based on such data; but no decisions have been made as to which physicians may be impacted earlier or later, as CMS phases in use of a value-based payment modifier.

18) On what year and source of data is the information in my QRUR based?

The QRUR contain information derived from 2010 Medicare beneficiary enrollment and fee-for-service claims data. Performance data from the Physician Quality Reporting System (PQRS) are included for physicians who participated in PQRS by reporting quality measures through enhanced claims.

19) What does receiving (or not receiving) a Quality and Resource Use Report in 2011 signify?

CMS is using a phased approach to provide QRUR reports to an increasing number of physicians each year. Eventually, every physician participating in fee-for-service Medicare will receive a QRUR. If you do not practice in the four-state area designated to receive a report in 2011, this simply means that your geographic area has not yet been the focus for report dissemination. Receiving or not receiving a report has no implications for either your participation in Medicare or payment. CMS has not yet determined how it will distribute QRUR reports in 2012, but it is certain that a larger number of individual physicians and more medical practice groups will receive reports in each subsequent year. If you do practice in Iowa, Kansas, Missouri, and Nebraska, but by March 2012, have not received a QRUR, go to wpsmedicare.com for information about how to download your report.