

CHANGES IN THE QUALITY AND RESOURCE USE REPORTS FOR INDIVIDUAL PHYSICIANS FROM PROGRAM YEAR 2010 TO PROGRAM YEAR 2011

In response to stakeholder feedback and as part of a continuing effort to enhance the usefulness and expand the reach of the quality and resource use reports (QRURs), the Centers for Medicare & Medicaid Services (CMS) has made the following changes to the QRURs for individual physicians for program year (PY) 2011:

- 1. Different target population.** Whereas the PY2010 QRURs were disseminated to physicians practicing in Iowa, Kansas, Missouri, and Nebraska, in PY2011, QRURs are being disseminated to physicians practicing in groups of 25 or more eligible professionals in California, Illinois, Iowa, Kansas, Michigan, Missouri, Minnesota, Nebraska, or Wisconsin.¹
- 2. Update payment standardization algorithm.** Beginning with PY2011, a CMS agency-wide approach to payment standardization is replacing the QRUR-specific algorithms used previously. This change is intended to result in a more uniform and transparent approach to payment standardization across agency initiatives. More information about the payment standardization algorithm is available at <http://www.qualitynet.org/dcs/ContentServer?c=Page&pagename=QnetPublic%2FPpage%2FQnetTier4&cid=1228772057350>.
- 3. Include summary of Physician Quality Reporting System (PQRS) performance.** The revised Highlights page of the reports includes a summary of the report recipient's performance on PQRS measures if the recipient participated in PQRS as an individual eligible professional in 2011.
- 4. Include PQRS performance for registry-based and EHR-based reporting.** Whereas the PY2010 QRURs only included PQRS performance data for physicians participating in PQRS via claims-based reporting, the PY2011 QRURs include PQRS performance data for *all* incentive-eligible physicians, regardless of the reporting mechanism(s) they elected.
- 5. Modify claims-based quality measures to match updated specifications.** Several of the administrative claims-based quality measures have been revised by the measure developers over the past year, and the QRURs have been updated to reflect these changes. For one measure—Statin Therapy for Beneficiaries with Coronary Artery Disease (NQF # 0543)—these changes have impacted how the measure is displayed.
- 6. Provide detailed information on emergency services.** In reporting detailed information on the cost of specific services used by attributed beneficiaries, the

¹ A group is defined according to its Taxpayer Identification Number (TIN), and an eligible professional is someone who is a physician, practitioner (including physician assistant, nurse practitioner, clinical nurse specialist, certified registered nurse anesthetist, certified nurse-midwife, clinical social worker, clinical psychologist, or registered dietician/nutritional professional), a physical or occupational therapist or qualified speech-language pathologist, or a qualified audiologist.

PY2011 QRURs separate out emergency services that do not result in an inpatient admission from other outpatient services, whereas previously these services were reported together as outpatient services.

- 7. Revise guidance for measures with a low number of cases.** Based on analyses of the PY2010 QRURs, it was learned that the reliability of the measures included in the reports increased little from 20 to 30 cases. Consequently, report recipients are now advised to interpret their data with caution if based on fewer than 20 cases rather than 30, as previously.