

The 2009 Physician Quality Reporting Initiative (PQRI) & E-Prescribing Incentive Program

American Society of Hematology
March 6, 2009

Sylvia W. Publ, MBA, RHIA
CMS Sr. Quality Advisor
Consortium for Quality Improvement
and S&C Operations, CQISCO

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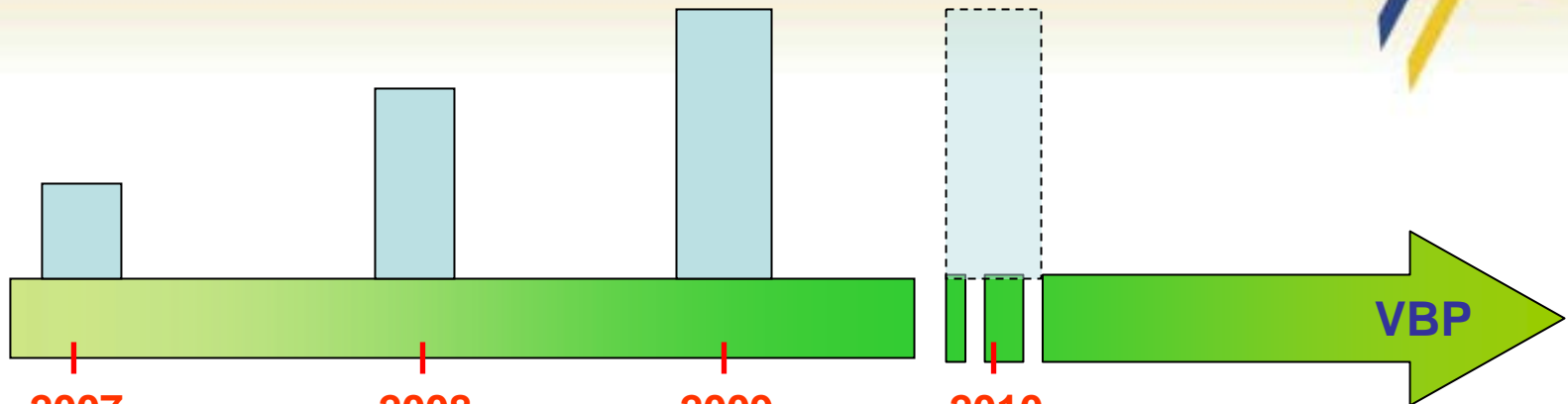
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Overview

- Value-Based Purchasing and PQRI
- PQRI Introduction
- 2009 PQRI
- PQRI Reporting: Measures & Codes
- Implementing PQRI
- Resources

Towards Value-Based Purchasing



2007

- TRHCA
- 74 measures
- Claims-based only

2008

- MMSEA
- 119 measures
- Claims
- 4 Measures Groups
- Registry

2009

- MIPPA
- 153 measures
- Claims
- 7 Measures Groups
- Registry
- EHR-testing
- eRx

2010

TBD through rule-making

VBP

What is PQRI?

- A voluntary quality reporting system for covered services furnished to Medicare FFS beneficiaries by eligible professionals.
- Eligible professionals can qualify to receive an incentive if they satisfactorily report data on quality measures to CMS.
- Quality data reporting options: through claims, or qualified registries.
- Criteria for satisfactorily reporting depends on the reporting option selected.

2009 PQRI Quality Measures

- 153 PQRI quality measures for 2009
 - Includes 101 measures from the 2008 PQRI and 52 new measures
 - E-prescribing measure (Measure #125) removed, as required by MIPPA as a separate incentive program
 - 18 measures reportable only through registries
 - Measure specifications are available in the Measures/Codes section of the website at <http://www.cms.hhs.gov/pqri>.

2009 PQRI Measures: Hematology

- **#67 MDS & Acute Leukemia:** Baseline Cytogenetic Testing on Bone Marrow
- **#68 MDS:** Documentation of Iron Stores in Patients Receiving Erythropoietin Therapy
- **#69 Multiple Myeloma:** Treatment with Bisphosphonates
- **#70 CLL:** Baseline Flow Cytometry

Note: EPs can report any PQRI measure they feel is applicable to their practice

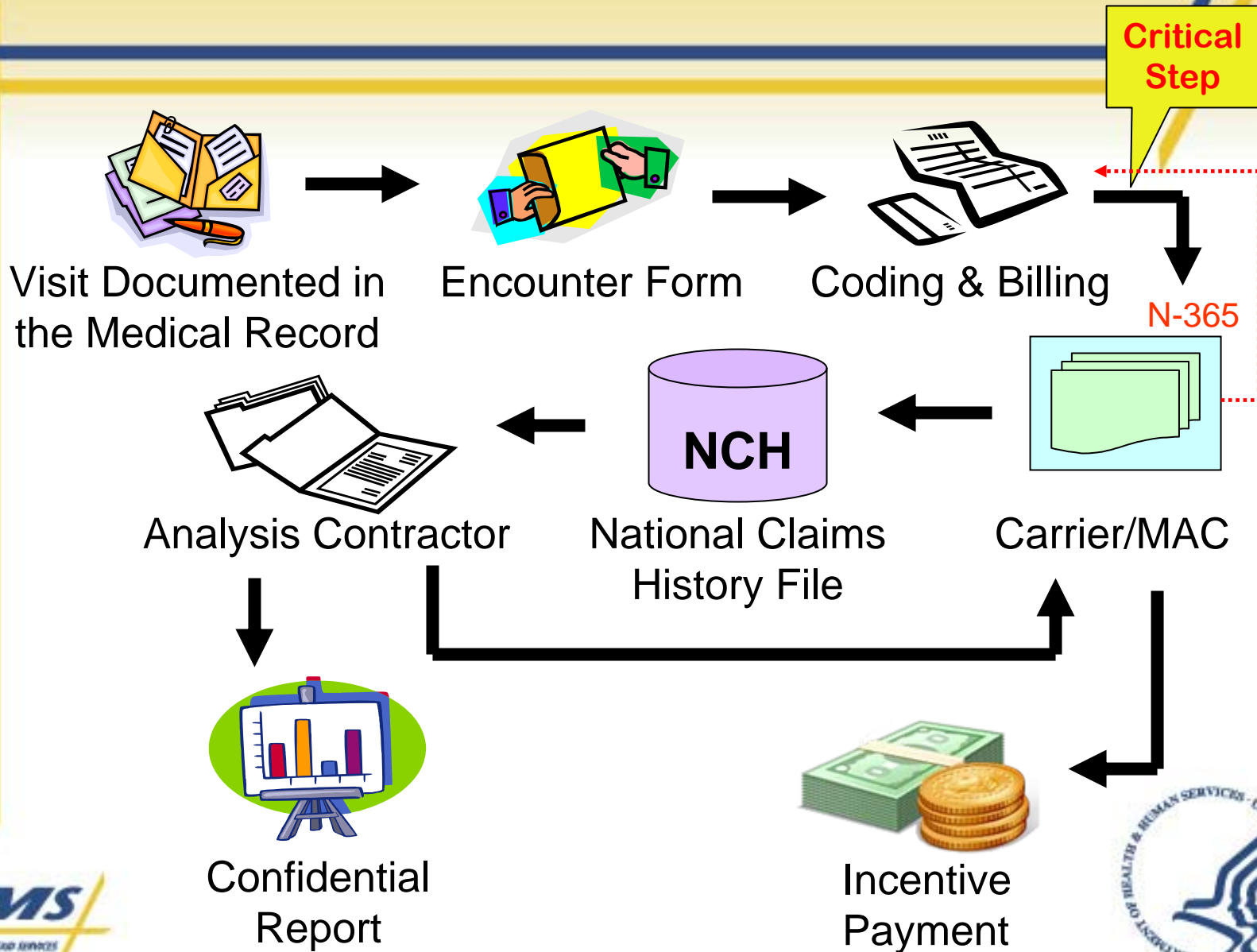
2009 PQRI Satisfactory Claims-Based Reporting Options

Criteria for claims-based submission of individual measures (1 option):

- Reporting period: January 1, 2009 – December 31, 2009
- ≥ 3 PQRI measures or 1-2 measures if < 3 apply*
- $\geq 80\%$ of applicable Medicare Part B FFS patient claims for 1-3 measures

* If < 3 measures reported, EP is subject to measure-applicability validation (MAV)

PQRI Claims-Based Process



2009 PQRI Measures/Codes Resources

http://www.cms.hhs.gov/PQRI/15_Measures_Codes.asp#TopOfPage

- **2009 PQRI Measures List** : measure developer, reporting method
- Reporting Individual Measures *via Claims*
 - ***2009 PQRI Measures Specifications Manual for Claims and Registry and Release Notes***
 - ***2009 PQRI Implementation Guide***

2009 PQRI Resources

http://www.cms.hhs.gov/PQRI/20_Reporting.asp#TopOfPage

- **Registry-based Reporting**
 - Individual Measures
 - Measures Groups
- **List of Qualified Registries**

http://www.cms.hhs.gov/PQRI/30_EducationalResources.asp#TopOfPage

- MLN Matters Articles
- Fact Sheets
- Tip Sheets
- **2009 PQRI Patient-Level Measures List**

Claims-Based Reporting Principles

- The CPT Category II code(s) and/or G-code(s), which supply the numerator, must be reported:
 - on the same claim
 - for the same beneficiary
 - for the same date of service (DOS)
 - for the same EP (NPI within the holder of the tax ID number - NPI/TIN)
- All diagnoses reported on the base claim will be included in PQRI analysis.
- Claims may **NOT** be resubmitted simply to add or correct QDCs.
- QDCs must be submitted with a line-item charge of zero dollars (\$0.00) at the time the associated covered service is performed. If a system does not allow a \$0.00 line-item charge, a nominal amount can be substituted.
- The submitted charge field cannot be blank.

Claims-Based Reporting Principles (ctd.)

- Entire claims with a zero charge will be rejected. (Total charge for the claim cannot be \$0.00).
- QDC line items will be denied for payment by the carrier, but are then passed through the claims processing system for PQRI analysis. EPs will receive a **Remittance Advice** (RA) associated with the claim which contains the PQRI QDC line-item and will include a standard remark code (**N365**) and a message that confirms that the QDCs passed into the National Claims History (NCH) file. N365 reads: “This procedure code is not payable. It is for reporting/information purposes only.” The N365 remark code does **NOT** indicate whether the QDC is accurate for that claim or for the measure the EP is attempting to report.

Successful Reporting Scenario

Myelodysplastic Syndrome -Documentation Iron Stores (#68)



Mr. Jones presents for office visit (99201) with Dr. Thomas



Mr. Jones has diagnosis of MDS - 238.7X)

Step 1:

Dr. Thomas documents iron stores prior to initiating therapy. patient receives erythropoietin therapy

3106F

AND

4090F

Step 2:

Dr. Thomas documents iron stores not available due to system reasons prior to initiating erythropoietin therapy

3106F-3P

AND

4090F

Step 3a:

Dr. Thomas documents that patient did not receive erythropoietin therapy

4095F

OR

Step 3b:

Dr. Thomas does not document reason that iron stores not performed, patient Receives erythropoietin therapy

3160F-8P

AND

4090F

CMS-1500 Claim Example

Example of an individual NPI reporting on a single CMS-1500 claim. See <http://www.cms.hhs.gov/manuals/downloads/clm104c26.pdf> for more information.

21. Review applicable PQRI measures related to ANY diagnosis (Dx) listed in Item 21. Up to 8 Dx may be entered electronically.

24D. Procedures, Services, or Supplies – CPT/HCPCS, Modifier as needed

QDC codes must be submitted with a line-item charge of \$0.00. Charge field cannot be blank.

Identifies claim line-item

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY (Relate Items 1, 2, 3 or 4 to Item 24E by Line) 1. 238. 7x Myelodysplastic Syndrome										22. MEDICAID RESUBMISSION CODE		ORIGINAL REF. NO.							
2. _____										23. PRIOR AUTHORIZATION NUMBER									
24. A. DATE(S) OF SERVICE From To		B. PLACE OF SERVICE		C. ICD-9-CM CODE		D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS MODIFIER		E. DIAGNOSIS POINTER		F. \$ CHARGES		G. DAYS OR UNIT		H. REPORT PERIOD		I. D. QUAL.		J. RENDERING PROVIDER ID. #	
1	07	13	09	07	13	09	11	99201	MDS-PQRI #68	1	97	00				NPI	0123456789		
2	07	13	09	07	13	09	11	3106F	Documentation of iron stores prior to initiating erythropoietin therapy	1	0	00				NPI	0123456789		
3	07	13	09	07	13	09	11	4090F	AND Patient receiving erythropoietin therapy	1	0	00				NPI	0123456789		
4																NPI			
5																NPI			
6																NPI			
25. FEDERAL TAX I.D. NUMBER XX-XXXXXXX				SSN EIN <input checked="" type="checkbox"/> <input type="checkbox"/>		26. PATIENT'S ACCOUNT NO. XXXXXX				27. ACCEPT ASSIGNMENT? (for gov. claims, see back) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		28. TOTAL CHARGE \$ 97 00		29. AMOUNT PAID \$		30. BALANCE DUE \$ 97 00			
31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.)						32. SERVICE FACILITY LOCATION INFORMATION						33. BILLING PROVIDER INFO & PH #							
SIGNED _____ DATE _____						a. NPI						b. a. XXXXXXXXXXXX							

For group billing, the rendering NPI number of the individual EP who performed the service will be used from each line-item in the PQRI calculations.

Solo practitioner - Enter individual NPI here

NUCC Instruction Manual available at: www.nucc.org

APPROVED OMB-0938-0999 FORM CMS-1500 (08/05)

- The patient was seen for an **office visit (99201)**. The provider is reporting **one measure related to Myelodysplastic Syndrome (MDS)**.
- Measure **#68 (MDS – Documentation of Iron Stores in Patients Receiving Erythropoietin Therapy)** with **QDC 3106F and QDC 4090F + MDS line-item diagnosis (24E points to DX 238.7x in Item 21)**.
- **Note:** All diagnoses listed in **Item 21** will be used for PQRI analysis. Measures that require the reporting of two or more diagnoses on claim will be analyzed as submitted in Item 21.
- **NPI placement: Item 24J must** contain the NPI of the individual provider that rendered the service when a group is billing. This includes putting the individual NPI on the QDC line-items as well.
- The Tax ID associated with the NPI(s) on this claim is shown in **Item 25**.

Where to Begin

- Gather information from the PQRI website www.cms.hhs.gov/pqri (Measures/Codes, Educational Resources, Tool Kit).
- Gather information from other sources, such as your professional association, ASH, or the American Medical Association.
- Select reporting method (individual measures or measures group), reporting period, and date to begin.

Selection of Measures

- **Consider Practice Characteristics:**
 - Clinical conditions usually treated
 - Types of care typically provided – e.g., preventive, chronic, acute
 - Settings where care is usually delivered – e.g., office, ED, surgical suite
 - Quality improvement goals for 2009
- **Review the List of Measures:** determine which measures apply most frequently to the practice's Medicare FFS patients. Many PQRI measures require one-time reporting per patient per reporting period per eligible professional (See *Patient Level Measures List*).
- **Review 2009 PQRI Measures Specifications Manual for Claims and Registry & Release Notes** for selected measures carefully to understand reporting instructions, coding, and frequency of reporting.

Selection of Reporting Method

- Review and study the measures specifications: *Measures Specifications Manual for Claims and Registry & Release Notes* for selected measures carefully to understand reporting instructions, coding and frequency of reporting.
- Select a reporting method: via claims or via a qualified registry
The “*2009 PQRI Participation Decision Tree*” is a tool designed to help practices select a reporting method (see **Appendix 2009 PQRI Implementation Guide**)

Prepare to Participate in PQRI

- **Assemble an Implementation Team**
 - **Ensure** that the practice's billing software and clearinghouse can capture all the codes and associated modifiers used in PQRI for the measures you have selected. Discuss with EDI vendors.
 - **Read and discuss** with staff: reporting principles and specifications for each of the measures selected for reporting in PQRI.

Prepare to Participate in PQRI

- **Develop a process** for concurrent data collection so that all eligible claims and PQRI quality data codes (QDC) are correctly identified and submitted
- **Regularly review the Remittance Advice** notices from the Carrier/AB MAC to ensure you receive **N365** remark code for each QDC submitted

Understanding the Measures: The Performance Modifiers

- Unique modifiers used with CPT II codes only
- Performance exclusion modifiers indicate that an action specified in the measure was not provided due to medical, patient or systems reasons documented in the medical record:
 - **1P**- Performance exclusion modifier due to Medical Reasons
 - **2P**- Performance exclusion modifier used due to Patient Reasons
 - **3P**- Performance exclusion modifier used due to System Reasons
- One or more or no exclusions may be allowed for a given measure. Refer to the measure specifications to determine the appropriate exclusion modifiers.

Understanding the Measures: The 8P-Reporting Modifier

Performance Measure Reporting Modifier

- Facilitates reporting a case when the patient is eligible but the action described in a measure is not performed and the reason is not specified or documented
 - **8P modifier:** action not performed, reason not otherwise specified

Understanding the Measures: Performance Timeframe

- Some measures have a **Performance Timeframe** related to the clinical action that *may be distinct* from the reporting frequency.
 - Perform within 12 months or annually
 - **Most Recent** result
 - ▶ Clinical test result needs to be obtained, reviewed, reported one time for each EP.
 - ▶ It need not have been performed during the reporting period.

Understanding the Measures: Reporting Frequency

- Each measure has a **Reporting Frequency** requirement for each eligible patient seen during the reporting period for each EP:
 - Report one-time
 - Report once for each procedure performed
 - Report for each acute episode
 - Report for each visit

2007 PQRI Experience Report

Invalid QDC Submission Attempts

- 12.15% Missing individual NPI
- 18.89% Incorrect HCPCS (CPT1) code*
- 13.93% Incorrect DX code*
- 7.24% Both incorrect HCPCS code and incorrect DX code*
- 4.97% All line items were QDCs only

*Denominator mismatch

<http://www.cms.hhs.gov/PQRI/Downloads/2008QDCError3rdQuarter.pdf>

2008 PQRI Aggregate QDC Error Report


<http://www.cms.hhs.gov/PQRI/Downloads/2008QDCError3rdQuarter.pdf>

<u>Measure</u>	<u># Submitted</u>	<u>%Valid</u>
#67	12,116	69.0%
#68	9,810	71.2%
#69	7,786	84%
#70	10,343	81.0%

Benefits of PQRI Participation

- Receive confidential feedback reports to support quality improvement
- Earn a bonus incentive payment
- Make an investment in the future of the practice
 - Prepare for higher bonus incentives over time
 - Prepare for pay-for-performance
 - Prepare for public reporting of performance results

PQRI Website: www.cms.hhs.gov/pqri

Address  http://www.cms.hhs.gov/PQRI/01_Overview.asp#TopOfPage



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Physician Quality Reporting Initiative

Overview

- » [Spotlight](#)
- » [E-Prescribing Incentive Program](#)
- » [CMS Sponsored Calls](#)
- » [Statute/Regulations/Program Instructions](#)
- » [Eligible Professionals](#)
- » [Measures/Codes](#)
- » [Reporting](#)
- » [Analysis and Payment](#)
- » [Educational Resources](#)
- » [PQRI Tool Kit](#)
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Overview

Physician Quality Reporting Initiative

NEW - Click on the "**Spotlight**" link to the left to view

"What's New" for PQRI

NEW! 2007 PQRI Reporting Experience. A report describing the 2007 PQRI reporting experience is available in the "**Downloads**" section below. This report provides a detailed analysis of the 2007 program. It outlines the issues identified for 2007 and CMS plans for modifications to the analytics for the 2008 PQRI. In addition, CMS will apply these modifications to the 2007 PQRI data and re-run the data. CMS expects that additional eligible professionals will qualify for an incentive payment for both 2007 and 2008 based on these efforts. It is anticipated that these activities will be completed by the fall 2009.

Background. The 2006 Tax Relief and Health Care Act (TRHCA) (P.L. 109-432) required the establishment of a physician quality reporting system, including an incentive payment for eligible professionals (EPs) who satisfactorily report data on quality measures for covered services furnished to Medicare beneficiaries during the second half of 2007 (the 2007 reporting period). CMS named this program the Physician Quality Reporting Initiative (PQRI).

For additional information about PQRI legislative requirements, click on the "**Statute/Regulations/Program Instructions**" link at left.

2009 PQRI. The Medicare Improvements for Patients and Providers Act of 2008 (MIPPA) (Pub. L. 110-275) made the PQRI program permanent, but only authorized incentive payments through 2010. EPs who meet

FAQs, Listserv

Educational Resources Physician Quality Reporting Initiative - Microsoft Internet Explorer provided by Centers for Medicare and Medicaid Services

File Edit View Favorites Tools Help

Back Forward Stop Home Search Favorites Refresh Print

Address http://www.cms.hhs.gov/PQRI/30_EducationalResources.asp#TopOfPage Go Links

[Measures Group \[PDF416 KB\]](#)

[2008 PQRI MLN Matters Articles \[ZIP 145KB\]](#)

[2008 PQRI Tip Sheets \[ZIP 1 MB\]](#)

[2008 PQRI Fact Sheets \[ZIP 1MB\]](#)

[2008 PQRI Patient-Level Measures List \[PDF 348KB\]](#)

Related Links Inside CMS

[All 2008 PQRI FAQs](#)

[All Educational Resources FAQs](#)

[Physician ODF Listserv](#)

[Physician Listserv](#)

Related Links Outside CMS

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Resources Available

Physician Quality Reporting Initiative:
<https://www.cms.hhs.gov/pqri>

CMS Quality Initiatives - General
Information:

[http://www.cms.hhs.gov/QualityInitiatives
GenInfo/](http://www.cms.hhs.gov/QualityInitiativesGenInfo/)

American Society of Hematology

[http://hematology.org/policy/resources/pqri/
index.cfm](http://hematology.org/policy/resources/pqri/index.cfm)

2009 E-Prescribing Incentive Program

What is E-Prescribing?

- The transmission, using electronic media, of prescription or prescription-related information between a prescriber, dispenser, pharmacy benefit manager, or health plan either directly or through an intermediary, including an e-prescribing network. E-prescribing includes, but is not limited to, two-way transmissions between the point of care and the dispenser.

2009 Adoption and Use of Medication E-Prescribing Measure

- E-prescribing quality measure may only be reported via a claims-based method.
- Eligible professionals (EPs) who successfully report (e-prescribers) may receive an incentive payment equal to 2% of total allowed charges for covered professional services furnished to patients enrolled in Medicare Part B* during the reporting period (January 1 through December 31, 2009).

*Medicare Advantage or Private FFS patients are not included in the incentive

2009 Adoption and Use of Medication E-Prescribing Measure

- To qualify as a *successful e-prescriber*, a minimum of 10% of their Medicare Part B allowed charges must be generated from the *specified denominator codes* in the measure and the e-prescriber must report on at least *50% of all Medicare Part B patient encounters*.

E-Prescribing Incentives & Reductions

Year	Incentive for Successful E-Prescribers	Reduction for Unsuccessful E-Prescribers
2009	2.0%	
2010	2.0%	
2011	1.0%	
2012	1.0%	-1.0%
2013	0.5%	-1.5%
2014		-2.0%

Getting Started in E-Prescribing

- Plan and implement a process within your practice to ensure successful claims-based reporting of the E-prescribing measure.
- Appoint a member of your team as the main contact person for trouble-shooting or fielding questions.

Getting Started in E-Prescribing

- Ensure that your system meets **qualified e-prescribing system requirements**, i.e., must employ standards adopted by the Secretary for Part D by virtue of the 2003 Medicare Modernization Act (MMA) and is capable of **ALL** of the following functionalities:

E-Prescribing Functionalities

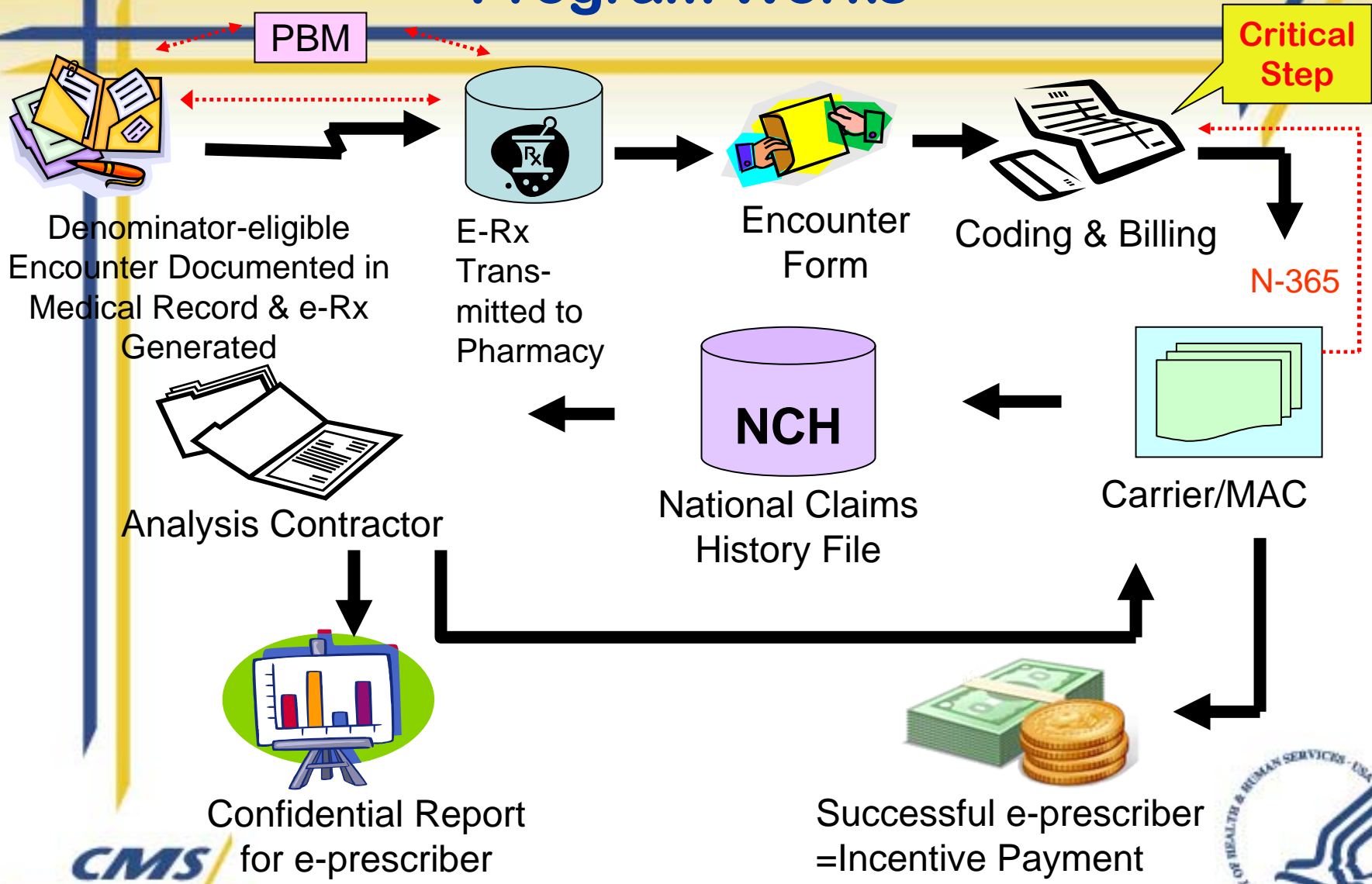
- Generating a complete **active medication list** incorporating electronic data received from pharmacies and pharmacy benefit managers (PBMs) if available
- **Selecting** medications, **printing** prescriptions, **electronically** transmitting prescriptions, and conducting all **alerts***

E-Prescribing Functionalities

- Providing information on **formulary or tiered formulary medications, patient eligibility**, and authorization requirements received electronically from the patient's drug plan (if available)

*An **alert** on an e-prescribing system is an automated prompt that indicates a potential inappropriate medication dose, route of administration, interactions, allergy concerns and warnings/cautions

How the E-Prescribing Incentive Program Works



E-Prescribing Measure – Numerator (QDCs)

- **Prescriptions Generated via *Qualified* E-Prescribing System**
 - **G8443:** All prescriptions created during the encounter were generated using a qualified e-prescribing system **OR**
- **E-Prescribing System Available, but not Used for One or More Prescriptions Due to Patient/System Reasons**
 - **G8446:** Provider does have access to a qualified e-prescribing system. Some or all prescriptions generated during the encounter were printed or phoned in as required by state or federal law or regulations, patient request, or pharmacy system being unable to receive electronic transmission; OR because they were for narcotics or other controlled substances **OR**
- **Qualified E-Prescribing System Available, but no Prescription(s) were Generated During the Encounter**
 - **G8445:** No prescriptions were generated during the encounter. Provider does have access to a qualified e-prescribing system

E-Prescribing Measure – Denominator (Eligible Cases)

Patient encounter for covered services during the reporting period (CPT or HCPCS):

- 90801, 90802, 90804, 90805, 90806, 90807, 90808, 90809
- 92002, 92004, 92012, 92014
- 96150, 96151, 96152
- 99201, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99241, 99242, 99243, 99244, 99245
- G0101, G0108, G0109

Reporting Scenarios

E-Prescribing



A 70-year old male patient presents to the clinician's office for medical care.

Scenario 1:

The clinician discusses current medications and prescribes new medication, updates active medication list in eRx system, transmits prescription electronically to pharmacy.

Reports G8443

Scenario 2:

Patient uses a pharmacy that cannot accept eRx and asks for a hard copy.

OR

Prescription is for a controlled substance. Physician updates meds in eRx system, eRx system provides hard copy of prescription to patient.

Reports G8446

Scenario 3:

The clinician documents there were no prescriptions generated; provider does have access to a qualified eRx system.

Reports G8445

All of these scenarios represent successful 2009 reporting

What is Not E-Prescribing

- Calling in a prescription
- Patient seen in ED is sent home with a written prescription
- Physician-generated faxed prescription to receiving pharmacy fax
- Sending a prescription via PDA (*exception*: depends on software used – must meet e-prescribing system qualifications)
- Knowingly sending a computer-generated fax initiated at the doctor's office to a pharmacy (*exception*: if sent via qualified e-prescribing system and pharmacy system generates message as a fax, it is e-prescribing)
- Office visits during a global surgical period that result in a prescription
- Medicare Advantage patients (MA claims do *not* count toward incentive payment calculation)

Allowable Reasons for Not E-Prescribing

G8446 E-Prescribing System Available, but not used for One or More Prescriptions Due to Patient/System Reasons

- Provider does have access to a qualified system, but due to one of the following reasons in the code descriptor, cannot e-prescribe.
- Only the allowable reasons delineated in the code descriptor can be applied to G8446:
 - Controlled substance
 - State, federal law
 - Patient asks for hard copy
 - Pharmacy cannot receive eRx transmittal

E-Prescribing Resources

- E-Prescribing Incentive Program Website:
<http://www.cms.hhs.gov/ERXIncentive>
Medicare's Practical Guide to the E-Prescribing Incentive Program:
<http://www.cms.hhs.gov/partnerships/downloads/11399.pdf>
- E-Prescribing General Information:
<http://www.cms.hhs.gov/eprescribing/>
- SureScripts' E-Rx Hub includes list of vendors who meet E-Prescribing qualifications:
<http://www.surescripts.com/get-connected.aspx?ptype=physician>
- Clinician's Guide to Electronic Prescribing
 - <http://ehealthinitiative.org/eRx/clinicians.msp>
- National E-prescribing Conference CME
 - <http://www.massmed.org> >e-prescribing CME information

Thank You

For questions about PQRI contact:

- Carrier
- Regional Office or
- Submit through the PQRI mailbox:

pqri_inquiry@cms.hhs.gov

For questions regarding measure construct
contact measure developer identified on
2009 PQRI Measures List