



Advocacy and policy news for internists

NEWS

Last Chance to Earn a 2008 Medicare Pay-for-Reporting Bonus

It's not too late to earn a Medicare pay-for-reporting bonus under the 2008 Physician Quality Reporting Initiative (PQRI). Changes to the reporting options took effect in July 2008 that enable you to earn a bonus equal to 1.5 percent of your total allowed Medicare changes for the six-month period July 1 to December 31.

These changes allow you to earn a bonus for the second half of the year by successfully reporting on individual quality measures for a condition-specific/clinical area "measure group." Even if you have yet to report a quality measure this year you can still qualify for a bonus by reporting the applicable individual quality measures that make up a group measure set for 15 consecutive Medicare beneficiaries before the end of the year.

The Centers for Medicare and Medicaid Services (CMS) makes four measure groups available for physicians on which to report. Internists are most likely to use the diabetes measure group. The diabetes group requires you to report on the following five measures:

- Hemoglobin A1c poor control (PQRI measure 1);
- Low density lipoprotein control (PQRI measure 2);
- High blood pressure control (PQRI measure 3);
- Dilated eye exam (PQRI measure 117); and;
- Urine screening for microalbumin or medical attention for nephropathy (PQRI measure 119)

In order to earn the bonus, you need to report each of the above individual measures when submitting the evaluation and management (E/M) service code for each of 15 consecutive Medicare beneficiaries diagnosed with diabetes. In addition, CMS requires that you submit a HCPCS "G" code with the claim for the beneficiary who is the first in the group of 15 consecutive patients. You should submit code G8485 on the claim for the E/M service for your encounter with your first of the 15 diabetics. You should also report the appropriate quality codes for each of the five individual measures in the diabetes group.

This reporting option is likely administratively easier than submitting individual quality measure codes throughout the year -- an option that requires you to report a quality measure code for at least 80 percent of eligible beneficiaries during the course of the year. And, this method also makes it possible for you to earn the bonus and test a process by which to include quality measure codes on your claims forms with relatively little effort. However, the downside to using this new reporting option is that it allows little room for error. Missing even one patient in the consecutive group will preclude you from earning the bonus.

ACP has developed a web-based tool that you and your staff can use to facilitate billing of the appropriate quality reporting codes for the diabetes measure group. This is available on the Running a Practice website at: http://www.acponline.org/running_practice/practice_management/payment_coding/pqri.htm. Click on the "ACP PQRI Coding Tool Template Diabetes Measure Group" under the "Participating in PQRI" heading.

The other PQRI measure group applicable to internists is the Preventive Care Measure Group. Further information on reporting for this group is available from CMS at <http://www.cms.hhs.gov/PQRI/Downloads/PQRIMadeSimple.pdf>.




Any physician who successfully completes the reporting requirements, and earns a 2008 PQRI bonus will receive the payment in the middle of 2009.

Many physicians who participated in PQRI 2007 have encountered difficulties. Members have reported a variety of problems, including: failing to qualify for the bonus despite participating; receiving a smaller bonus payment than expected; and inability to access reporting and performance scores through the CMS secure website. While it is important to factor these challenges into your decision-making, attempting the measure group reporting option during the waning weeks of 2008 provides you a short duration test of your ability to report and earn a bonus.

Congress acted to extend the PQRI program and provide for a 2 percent bonus in 2009 and 2010, and CMS recently finalized the details for the 2009 program. The 2009 PQRI program will provide a mechanism to increase your Medicare reimbursement above the 1.1 percent across-the-board Medicare payment update for 2009. ACP will provide information on the program and resources for members interested in participating shortly. The College will also continue to advocate to CMS to improve the PQRI to make it more accessible and user-friendly for physicians.

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TOOLS

-  [Print Handout](#)
-  [Larger Text](#)
-  [Smaller Text](#)

IN FOCUS

- » [CMS to hold conference call for providers about ICD-10 coding](#)
On November 12th the Centers for Medicare and Medicaid Services (CMS) will be holding a call for Part A and B Medicare providers to provide information about the proposed ICD-10 coding system. The call will include an overview of ICD-10, how it differs from ICD-9-CM, and what providers will need to consider when updating information technology systems to use the new codes. The ICD-10-CM/PCS National Provider Conference Call will be held on November 12, from 12:30 p.m. to 2:30 p.m. EST.
- » [Centers for Medicare and Medicaid Services \(CMS\)](#)
Visit the CMS website for additional information about this, and other calls, and a copy of the presentation that will be given during the call.
- » [ACP study shows steep cost for ICD-10 implementation](#)
In conjunction with other medical organizations, the College recently helped to fund a study that determined the cost and time that it would take the typical practice to implement ICD-10. The study showed that for a typical small practice, consisting of 3 physicians and 2 administrative staff, it would cost \$83,290 to complete the conversion to ICD-10. And, for a large practice with 100 providers it would be more than \$2.7 million.