

**Medicare 2008 Pay-for-Reporting Program
The Physician Quality Reporting Initiative (PQRI)**

Differences Compared to 2007 PQRI

Q: Will the PQRI program that started in July of 2007 continue in 2008?

A: CMS has announced that the PQRI program will be in place throughout 2008. In 2007, the program was only in place for the second six months of the year. The 2008 PQRI builds on the foundation established by the 2007 program. The 2008 program continues to require physicians to report on quality measures by including measure codes on the claims that they submit to Medicare to get paid for their services.

Q: Will I be paid the same 1.5% for participation that I was paid in 2007?

A: Yes. Physicians who successfully reported on at least three quality measures in at least 80% of the applicable cases in the second half of 2007 are scheduled to receive a bonus payment of 1.5% of their allowed charges from the Medicare physician fee schedule. Physicians that participated in 2007 are expected to receive their payments some time in the second quarter of 2008.

In December of 2007, Congress passed legislation that mandated that a payment of 1.5% of allowed charges be made for successful reporting in 2008.

Q: Do I have to meet the same standards of reporting in 2008 as in 2007?

A: Yes. In 2008, as in the second half of 2007, physicians will be judged to have successfully participated in the PQRI program if they report on at least three measures 80% of the appropriate time. Physicians may report fewer than three measures and still be eligible to receive a bonus payment if only one or two measures are applicable to their practice. General internists and most internal medicine subspecialists should have at least three measures for which they are eligible to report and, thus, must successfully report on a minimum of three.

Q: Can I participate if I chose not to participate in 2007?

A: Yes. Physicians can participate in the 2008 program even if they did not participate in 2007. There is no registration process required to participate, so physicians should just begin reporting the appropriate quality measures on January 1, 2008.

Q: When do I have to start reporting the measures?

A: Physicians who choose to participate for 2008 should begin reporting quality measures as close to January 1, 2008 as possible because successful participation will be determined based on a review of all of the eligible claims for 2008. While it may still be possible to reach the 80% threshold starting later in 2008, it will be much more difficult.

Q: Can I wait to see if I reported successfully in 2007 before starting the program in 2008?

A: A physician who waits until CMS issues reports and bonus payment checks to those who successfully reported in 2007 is unlikely to be able to reach the required 80% threshold for measures in 2008 because the agency will not disseminate the until the middle of 2008.

Q: Do I report the same measures that I used in 2007?

A: For 2007, CMS allowed the use of 74 different measures for PQRI participation. For 2008, CMS has announced that the number of measures has been increased to 119. Most measures that were used in 2007 will still be used in 2008, although some have been deleted from the list.

Physicians are not required to use the same measures in 2008 that they reported in 2007, even if those measures continue to be included in the program.

Q: What measures were deleted from the 2008 list?

A: There were 15 measures used for the 2007 PQRI program that will not be recognized for the 2008 program. Any physicians using these measures should continue to report them for the remainder of 2007 but select new measures for 2008. Deleted measures that may have been used by internists include:

Measure Number	Description
42	Osteoporosis: Counseling for Vitamin D, Calcium Intake, and Exercise
60	Gastroesophageal Reflux Disease (GERD): Assessment for Alarm Symptoms
61	Gastroesophageal Reflux Disease (GERD): Upper Endoscopy for Patients with Alarm Symptoms
63	Gastroesophageal Reflux Disease (GERD): Barium Swallow-Inappropriate Use

Q: Why were these measures deleted from the list?

A: Some measures were deleted from the list because the National Quality Forum (NQF) declined to endorse those measures as clinically appropriate. CMS has indicated that it will follow the direction of NQF in determining if measures are appropriate. The law authorizing the PQRI program directs CMS to consult with multi-stakeholder consensus organizations such as the NQF and the AQA, formerly the Ambulatory care Quality Alliance, in selecting measures for the program.

Q: What measures were added to the list?

A: There were many measures added to the list, although some of them are unlikely to apply to internists. For a complete list of measures along with the specifications that will guide you in determining when they should be reported, please consult the CMS PQRI measure specification guide at:

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

Most of the new measures are clinical in nature, but because of the requirements of the law that created the PQRI program, CMS also announced the creation of two “structural measures” that on which physicians can report to receive PQRI credit. The two structural measures for use in 2008 are:

- Adoption/use of electronic health records/health information technology (#124 on the CMS list of measures at the link above); and
- Adoption/use of e-prescribing (#125 on the CMS measure list).

Q: How do I report the adoption/use of EHR/HIT measure?

A: Physicians that use EHR systems on a regular basis are eligible to report this measure. This quality measure is primarily reported in cases in which an evaluation and management (E/M) services are provided to a patient in the office setting. Services provided in the inpatient setting would not require the reporting of this measure. A limited number of screenings also require this measure, but most procedures do not.

CMS has established three HCPCS ‘G’ codes that are to be used to report this measure:

- **G8447** is used to report an eligible service documented using an EMR certified or qualified by the Certification Commission for Healthcare Information Technology (CCHIT).
- **G8448** is used to report an eligible service document using an EMR that is **not** CCHIT-certified or qualified. Your EMR vendor can tell you if your EMR system is CCHIT-certified or not. Having a certified or non-certified system has no impact on the success of your reporting, but if you have a non-CCHIT certified system, it would be best to review the measure specification to ensure that your system meets the definition of an EMR.
- **G8449** is used to report when an encounter was performed but not documented using an EMR. This may be used in the case of system unavailability. If a physician does not have or regularly use an EMR, he may **not** report this code for each patient and considered to have reported successfully. This code is meant to allow a physician who typically uses an EHR to document to indicate an encounter(s) that are not documented in the EHR.

Q: How do I report the adoption/use of e-prescribing measure?

A: The reporting structure for this measure is similar to that for the EMR measure described above. There are three codes that are used to report this measure:

Code	Description
G8443	All prescriptions generated during this encounter were generated using a qualified e-prescribing system
G8445	No prescriptions were generated during this encounter OR provider does not have access to a qualified e-Prescribing system
G8446	Some or all prescriptions generated during the encounter were handwritten or phoned in due to one of the following: required by state law, patient request, or qualified e-Prescribing system being temporarily inoperable

Just as for the EMR quality measure, the use of the e-prescribing measure is restricted to services provided in the office setting and would not be required to be used in the case of most procedures.

Q: Do I still report these measures through the claims process?

A: Yes. Physicians are still required to report measures, including the structural measures described above, through claims. ACP urged CMS to provide a way for physicians to report use of EHR and e-prescribing in a more streamlined manner than reporting on the claim for each E/M service encounter. CMS decided to require that physicians report on claims for these structural measures so that the agency can determine if a physician reports on the 80% of eligible cases that defines successful reporting of a measure.

CMS has announced its intent to test reporting through electronic medical records systems and through clinical data registries in 2008, but physicians must use claims-based reporting in order to be eligible for a bonus payment. In most cases, quality measures are reported using Current Procedural Terminology (CPT) II codes.

Q: Will the results of my performance on these measures be made publicly available?

A: CMS has announced that PQRI data reports will not be made publicly available unless future legal actions would require them to do so under the Freedom of Information Act (FOIA). If such action occurred, ACP would inform members about it.

Q: Does ACP have resources to help members participate in PQRI?

A: Yes, the College maintains information that provides: descriptions of the PQRI program in various amounts of detail; guidance on measure selection; tools/templates to facilitate successful participation; links to CMS and other information resources; and more. You can access this information at <http://www.acponline.org/pmc/pqri.htm>.