

New Medicare 2008 Physician Quality Reporting Initiative Reporting Options Available Beginning July 1

It's not too late to get paid for quality reporting

Physicians can still collect a bonus payment from the CMS even if they haven't been participating in the Physician Quality Reporting Initiative (PQRI) introduced in July 2007. The program awards a bonus payment of 1.5% of allowed charges for Medicare patients to physicians who submit quality measure codes. Full details can be found at www.acponline.org/running_practice/practice_management/payment_coding/pqri.htm. Information on these options is discussed in the question and answers below.

Q: How can I participating in PQRI, even if I haven't submitted quality measure codes this year?

A: In the past, physicians that chose to report could report on any three quality measures that apply to their practice. For example, one measure can be related to diabetes, one to falls prevention and the third to urinary continence. It did not matter what was selected, as long as the physician successfully reported on 80% of eligible patients for each of those measures seen throughout the year. The 80% threshold could have made it difficult to start late in the year.

A law passed by Congress at the end of 2007 created new reporting mechanisms that make it possible for physicians to participate in PQRI even if they did not start reporting early in 2008. These new reporting methods are based on reporting specific groups of measures through the claims process or reporting through a clinical registry. Physicians who choose to submit measure groups will not have to meet the 80% threshold in order to receive the bonus payment, which would otherwise be difficult for those who haven't already started.

Q: How do I report using groups of measures?

A: In this new method, physicians are required to submit a certain selection of measures rather than whichever ones they select. For the measure group reporting, physicians can report one of four groups of measures diabetes, end-stage renal disease, chronic kidney disease, and preventive care

Q: How many measures are included in a group?

A: The number of measures in a group varies from four to nine. An example of a measures group is the one used for diabetes, which requires reporting on the following five measures: hemoglobin A_{1c} 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) urine screening for microalbumin or medical attention for nephropathy (PQRI measure 119) Physicians who choose to participate in this manner would submit quality measure codes for all five of these PQRI measures.

Q: What is the advantage of submitting this way?

A: Physicians who choose to submit measure groups will not have to meet the 80% threshold but rather submit these claims on 15 consecutive eligible Medicare patients to receive a bonus payment of 1.5% of allowed Medicare charges from July 1 to Dec. 31.

For some physicians, this may be administratively easier than submitting measures throughout the year. However, there is little room for error with this method. If a physician misses only one patient in the consecutive grouping, he or she would not be considered to have reported successfully.

Q: Is there anything else that I need to do to submit measures groups?

A: Yes. Physicians must tell CMS that they intend to participate in PQRI through measures groups. Physicians do this by submitting a G code with the claim for the patient that they intend to be the first in the group of 15 consecutive patients. For example, if a physician wished to use the diabetes measure group, he or she would submit code G8485 on the first claim, along with the CPT code for the evaluation and management service provided and the quality reporting codes included in the measures group.

Q: Can I also report using the group measure submission option if I report on three quality measures for eligible patients throughout 2008?

A: Yes, you can. However, you will only be paid one bonus for successfully reporting on the option that has the longest reporting period. You would receive a bonus of 1.5% of your Medicare allowed charges for the 12 months of 2008 if you reported on three measures 80% of the time throughout the year, while your bonus for the claims-based group measure submission option would be 1.5% of allowed charges for the six-month period July through December 2008.

Q: When do I receive payment for participation in PQRI in 2008?

A: No matter which method a physician uses, that physician will receive a report indicating his or her success on reporting in the middle of 2009, when the bonus payment will be directed to his or her group.

Q: How do I participate in registry-based reporting?

A: Some physicians use electronic databases that track certain kinds of patients or procedures in order to improve quality tracking. CMS will allow physicians to be paid for participating in PQRI based on the transmission of data from these clinical registries in 2008. CMS allowed existing clinical registries to nominate themselves for inclusion, but has not yet announced which registries will be allowed to submit data on behalf of physicians.

There are a wide variety of clinical registries operating in the U.S., but many of them are specialty or site-specific to the extent that many internists may not be able to participate in PQRI in this fashion. Based on the fact that the registry participation option has yet to be fully defined and the limited ability of internists to participate through this mechanism, I recommend that internists who are not currently participating in 2008 begin with the measure group submission option.

Q: Did CMS add additional options to earn a PQRI bonus in mid 2008?

A: Yes, The Medicare, Medicaid and SCHIP Extension Act of 2007 (MMSEA) directed CMS to establish alternative reporting periods for reporting through registries, and for reporting of measures groups for the 2008 PQRI. CMS has established two such alternative periods: a 6-month period (July 1-December 31, 2008) and a 12-month (January 1-December 31, 2008). A PQRI 2008 options chart is available at <http://www.cms.hhs.gov/PQRI/Downloads/PQRIQuickReferenceChart.pdf>. MMSEA also authorized alternative criteria for satisfactory reporting through registries and reporting on measures groups. For more information, please see 2008 PQRI: Establishment of Alternative Reporting Periods and Reporting Criteria at www.cms.hhs.gov/PQRI/Downloads/2008PQRIalterrptperiods.pdf