

# **Introduction to the 2010 Physician Quality Reporting Initiative (PQRI) - How Individual Eligible Professionals Can Get Started**

## **National Provider Call**

### **January 12, 2010**

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# Overview

- Background
- PQRI Reporting: Measures & Codes
- Implementing PQRI

# What is PQRI?

- PQRI is a voluntary reporting program that began in 2007 and continues to evolve
  - Expanded measures and reporting options over time to facilitate reporting by broad array of eligible professionals (EPs)
- CMS collects data from health care professionals on quality of care provided to Medicare beneficiaries in various clinical settings
- For 2010, EPs may earn an incentive payment for satisfactorily reporting data on individual PQRI quality measures or measures groups for covered Physician Fee Schedule (PFS) services furnished to Medicare Part B Fee-for-Service beneficiaries
  - Incentive payment = 2% of EP's total estimated allowed Medicare Part B PFS charges

# Who Can Participate? – 2010 PQRI EPs

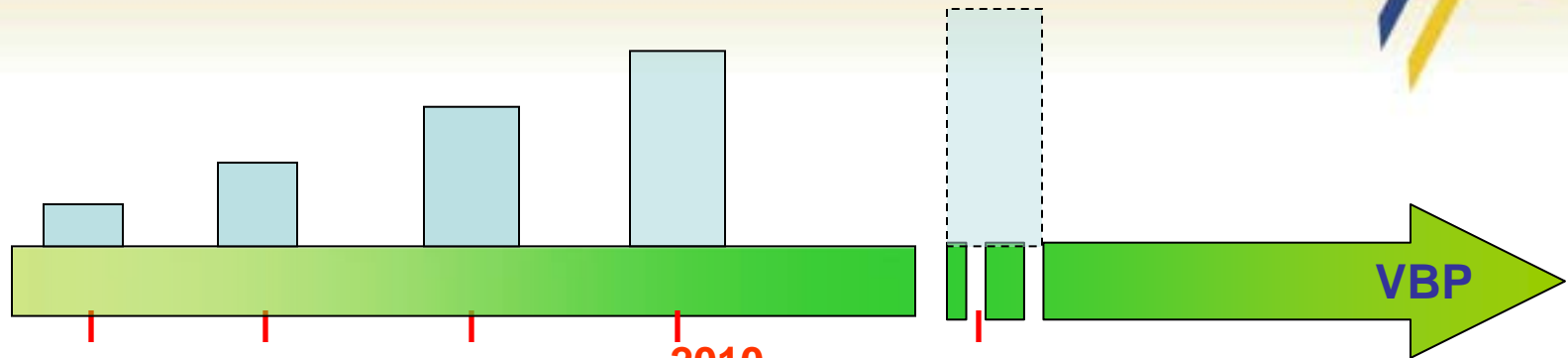
- **Physicians**
  - MD/DO
  - Podiatrist
  - Optometrist
  - Oral Surgeon
  - Dentist
  - Chiropractor
- **Therapists**
  - Physical Therapist
  - Occupational Therapist
  - Qualified Speech-Language Pathologist
- **Practitioners**
  - Physician Assistant
  - Nurse Practitioner
  - Clinical Nurse Specialist
  - Certified Registered Nurse
  - Anesthetist
  - Certified Nurse Midwife
  - Clinical Social Worker
  - Clinical Psychologist
  - Registered Dietician
  - Nutrition Professional
  - Audiologist

## Who Can Participate? – 2010 PQRI EPs (cont.)

FQHCs, RHCs, IDTFs, ILs and other entities/providers are not considered eligible professionals. These entities are not defined as EPs in the Tax Relief Health Care Act of 2006 or the Medicare Improvements for Patients and Providers Act of 2008 and do not qualify for an incentive; these entities are paid under a different fee schedule. See Eligible Professionals List available at:

[http://www.cms.hhs.gov/PQRI/10\\_EligibleProfessionals.asp#TopOfPage](http://www.cms.hhs.gov/PQRI/10_EligibleProfessionals.asp#TopOfPage)

# 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**

- MIPPA
- 175 individual measures
- Claims
- 13 Measures Groups
- Registry
- EHRs
- eRx
- PQRI GPRO

**2011**

TBD through rule-making

# What is a Quality Measure?

- A quantitative tool that provides an indication of performance in a health care setting
- Based on scientific evidence and developed by clinical experts

# Understanding the PQRI Measures: Measure Specification Construct

## NUMERATOR

(clinical action required for performance)

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## DENOMINATOR

(Describes **eligible cases** for which a **clinical action** was performed: the eligible patient population as defined by denominator specification)

**Reporting Rate =**

$$\frac{\text{Performance Met} + \text{Performance Exclusions} + \text{Performance Not Met}}{\text{Eligible Population}}$$

# Understanding the PQRI Measures: Performance Time Frame

- 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
    - ▶ It need not have been performed during the reporting period

# Understanding the PQRI Measures: Reporting Frequency

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

# What Are PQRI Measures Groups?

- **4 or more individual measures** related to a clinical topic that have a common patient population specified in the denominator that is defined by diagnosis and/or encounter codes
- **Measures Groups Specifications** are not the same as those for individual measures. Use the correct manual.

# 2010 PQRI Measures Groups

- 13 measures groups:
  - Diabetes Mellitus
  - Chronic Kidney Disease
  - Preventive Care
  - Coronary Artery Bypass Graft (CABG) (registry only)
  - Rheumatoid Arthritis
  - Perioperative Care
  - Back Pain - reportable only as a measures group, not as individual measures

# 2010 PQRI Measures Groups (cont.)

- Coronary Artery Disease (CAD) (registry only)
- Heart Failure (HF) (registry only)
- IVD
- Hepatitis C
- HIV/AIDS (registry only)
- Community Acquired Pneumonia (CAP)

# How to Get Started

- Gather information from the PQRI web page: [www.cms.hhs.gov/pqri](http://www.cms.hhs.gov/pqri) (e.g., Measures/Codes, Educational Resources, Tool Kit web pages)
- Gather information from other sources, such as your specialty society or professional association or the American Medical Association or state medical association
- Select the 2010 PQRI individual measures or measures groups you intend to report
- Determine which reporting method/reporting option (claims, registry, or EHR) best fits your practice - *Note: EHR-based reporting is only available for reporting of individual measures*
- Select a PQRI reporting period: 12- or 6-month - *Note: The 7/1/10-12/31/10 reporting period is not available for EHR-based reporting*

# 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 2010
- **Review the *2010 PQRI Measures List*:** determine which measures or measures groups apply most frequently to your Medicare FFS patients. Many PQRI measures require one-time reporting per patient per reporting period per EP.
  - [http://www.cms.hhs.gov/PQRI/Downloads/2010\\_PQRI\\_MeasuresList\\_111309.pdf](http://www.cms.hhs.gov/PQRI/Downloads/2010_PQRI_MeasuresList_111309.pdf)
- **Select the measures on which you intend to report:**
  - **At least 3** individual PQRI quality measures (if fewer than 3 measures are apply to your practice, you must report via claims and on all applicable measures) OR
  - **At least 1** measures group

# Selection of Measures (cont.)

- Review and study the measures specifications for selected measures or measures groups carefully to understand reporting instructions, coding, and frequency of reporting:
  - **Measures Specifications Manual for Claims and Registry & Release Notes** for individual measure reporting via claims or registry (See Downloads on Measures Codes Page of CMS PQRI website: [http://www.cms.hhs.gov/PQRI/15\\_MeasuresCodes.asp#TopOfPage](http://www.cms.hhs.gov/PQRI/15_MeasuresCodes.asp#TopOfPage))
  - **2010 EHR Measure Specifications Manual & Release Notes** for individual measure reporting via EHR (See [http://www.cms.hhs.gov/PQRI/Downloads/2010\\_EHR\\_Measure\\_Specifications\\_121809.pdf](http://www.cms.hhs.gov/PQRI/Downloads/2010_EHR_Measure_Specifications_121809.pdf) for Specifications Manual & [http://www.cms.hhs.gov/PQRI/Downloads/2010\\_EHR\\_Measure\\_Specs-Release\\_Notes\\_121809.pdf](http://www.cms.hhs.gov/PQRI/Downloads/2010_EHR_Measure_Specs-Release_Notes_121809.pdf) for Release Notes)
  - **2010 PQRI Measures Groups Specifications Manual & Release Notes** for measures groups reporting via claims or registry (See Downloads on Measures Codes Page of CMS PQRI website: [http://www.cms.hhs.gov/PQRI/15\\_MeasuresCodes.asp#TopOfPage](http://www.cms.hhs.gov/PQRI/15_MeasuresCodes.asp#TopOfPage))

# Select a Reporting Method

- **Select a reporting method**
  - **Claims**
  - **Qualified\* registry**
  - **Qualified\* EHR – available for individual measures reporting only**

*\* Registries and EHR vendors must successfully complete a vetting process in order to be considered “qualified” for 2010 PQRI*



# Prepare to Participate in PQRI via Claims Submission

- **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 or measures groups you have. Discuss implementing an edit to identify eligible claims with EDI vendors.
  - **Read and discuss with staff:** reporting principles and specifications for each measure or measures group selected for PQRI reporting

# Prepare to Participate in PQRI via Claims Submission (cont.)

- **Develop a process** for concurrent data collection so that all eligible claims and PQRI QDCs are correctly identified and submitted
- **Regularly review the Remittance Advice** notices from the Carrier/MAC to ensure receipt of **N365** remark code for each QDC submitted

# Claims-Based Reporting Principles

- QDCs, which supply the numerator must be reported
  - On the same claims
  - For the same beneficiary
  - For the same date of service (DOS)
  - For the same EP (NPI) within the holder of the tax ID number – TIN/NPI
- All diagnoses reported on the base claim will be included in the 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 (cont.)

- QDC line items will be denied for payment by Carrier/MAC, but are then passed through claims processing system for PQRI analysis
  - EPs will receive a **Remittance Advice (RA)** associated with the claim which contains the PQRI QDC line-item that will include a **standard denial 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.”
    - ▶ N365 remark codes does **NOT** indicate whether the QDC is accurate for that claim or for the measure the EP is attempting to report

# Claims-Based Reporting Principles (cont.)

- For more guidance related to claims-based reporting of PQRI measures refer to:
  - **2010 PQRI Implementation Guide** for individual measures reporting  
([http://www.cms.hhs.gov/PQRI/Downloads/2010\\_PQRI\\_ImplementationGuide\\_111309\(2\).pdf](http://www.cms.hhs.gov/PQRI/Downloads/2010_PQRI_ImplementationGuide_111309(2).pdf)) or
  - **Getting Started with 2010 PQRI Reporting of Measures Groups** for measures group reporting  
([http://www.cms.hhs.gov/PQRI/Downloads/2010\\_GettingStartedwithPQRIReportingofMeasuresGroups\\_111309.pdf](http://www.cms.hhs.gov/PQRI/Downloads/2010_GettingStartedwithPQRIReportingofMeasuresGroups_111309.pdf))

# Some Common Errors in Claims-Based Reporting

- Eligible claim submitted without QDC(s)\*  
**Watch the denominator**
  - EPs are not identifying all eligible patients who fall into the measure denominator: some measures include additional sites of care other than an office visit; Medicare Secondary Payer claims without QDC
- Eligible claim submitted as a QDC-only claim (no denominator information on the claim)
  - Billing software/clearinghouse may be splitting the claim
- Ineligible claim with QDC for measure
  - Dx is incorrect or insufficient on claim for measure reported
  - Surgical procedure is incorrect on claim for measure reported
  - Age/gender on claim is incorrect for measure reported
- Eligible claim with insufficient QDCs
- Eligible claim denied by Carrier/MAC, subsequently submitted but without QDC(s)
- Eligible claim paid partially by primary payer submitted without QDC as Medicare Secondary Payer

# Some Common Errors in Claims-Based Reporting (cont.)

- Missed reporting QDC on eligible claim (e.g., incident to claims - NH or HH)
- Reporting a QDC on a claim with an office visit code when the measure required a surgical procedure code or a consultation code
- Reporting a QDC on a claim when the diagnosis and the CPT I service were not listed in the denominator for the measure
- Reporting one QDC when the claim requires two QDCs
- Reporting one Dx on a claim when two Dxs should be reported
- Reporting a QDC with incorrect CPT II modifier or incorrectly used a CPT I modifier
- Reporting a QDC on a claim for a service that was not covered by Medicare (or claim was denied by carrier).
- Individual rendering NPI was not listed on the claim, therefore, that claim was not included in PQRI analysis

# Registry Submission

- What is a registry?
  - Captures and stores clinically related data submitted to the registry by the EP
  - Registry submits information on PQRI individual measures or measures groups to CMS on behalf of EPs
- CMS selects “qualified” registries annually
  - Current list of ***Qualified Registries for 2010 PQRI Reporting*** is available at: [http://www.cms.hhs.gov/PQRI/Downloads/QualifiedRegistriesPhase1Rvsd120709\\_1.pdf](http://www.cms.hhs.gov/PQRI/Downloads/QualifiedRegistriesPhase1Rvsd120709_1.pdf)
- Registries provide CMS with EPs’ calculated reporting and performance rates at the end of the reporting period
  - Data must be submitted to CMS via defined XML specifications

# EHR Submission

- CMS selects “qualified” EHR vendors annually
  - Current list of ***Qualified EHR Vendors for the 2010 PQRI and Electronic Prescribing Incentive Programs*** (including the specific product(s) and version(s) that are qualified) is available at:  
<http://www.cms.hhs.gov/PQRI/Downloads/QualifiedEHRVendorsRvsd01042010Final.pdf>
- Using a qualified EHR, EPs submit raw clinical data to CMS and measures are calculated by CMS

# Additional Resources

The **CMS PQRI website** has numerous educational materials, including Tip Sheets, Fact Sheets, FAQs, and materials from monthly PQRI National Provider Calls and other PQRI-related calls sponsored by CMS. You can also sign up for listservs here.

Overview Physician Quality Reporting Initiative (PQRI)

Click on the **"Spotlight"** link to the left to view "What's New" (recently posted items) for PQRI

**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 professional 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). The PQRI was further modified as a result of the Medicare, Medicaid, and SCHIP Extension Act of 2007 (MMSEA) (Pub. L. 110-275) and the Medicare Improvements for Patients and Providers Act of 2008 (MIPPA) (Pub. L. 110-275).

For each program year, CMS implements PQRI through an annual rulemaking process published in the **Federal Register**. Information regarding the relevant statutes and regulations can be viewed by clicking on the **"Statutes/Regulations/Program Instructions"** link at left.

A **"List of Eligible Professionals"** who may participate in PQRI is available in the **"Downloads"** section below.

**No Sign Up or Pre-Registration**

Individual EPs do not need to sign-up or pre-register in order to participate in the PQRI. However, to qualify for a PQRI incentive payment an EP must meet the criteria for satisfactory reporting specified by CMS for a particular reporting period.

**Note:** The PQRI program requirements and measure specifications for the current program year may be

# Who to Call for Help

- Contact the **QualityNet Help Desk** for help with program questions ranging from “How do I get started?” to accessing feedback reports
  - **866-288-8912** (7:00 a.m. – 7:00 p.m. CT M-F) or [gnetsupport@sdps.org](mailto:gnetsupport@sdps.org)
- For measure construct questions, contact measure developer identified on the **2010 PQRI Measures List** ([http://www.cms.hhs.gov/PQRI/Downloads/2010\\_PQRI\\_MeasuresList\\_111309.pdf](http://www.cms.hhs.gov/PQRI/Downloads/2010_PQRI_MeasuresList_111309.pdf))
- See also the **PQRI and eRx Quick Reference Support Guide for EPs** at [http://www.cms.hhs.gov/PQRI/Downloads/PQRI-eRxEPQuickRefGuideDiagram\\_100209.pdf](http://www.cms.hhs.gov/PQRI/Downloads/PQRI-eRxEPQuickRefGuideDiagram_100209.pdf)