



Centers for Medicare & Medicaid Services

2008 Physician Quality Reporting Initiative (PQRI) Reporting Options

April 18, 2008



Michael Rapp, M.D., J.D., FACEP
Director, Quality Measurement & Health Assessment Group

Presentation Objective

2008 PQRI Update



- MMSEA Options for 2008 PQRI reporting
- Goal of Increasing Participation
- Review 2008 PQRI Timetable

PQRI Background



The 2006 Tax Relief and Health Care Act (TRHCA):

- Authorized the establishment of a physician quality reporting system, PQRI 2007
- Included a 1.5% incentive payment for satisfactory reporting of quality data on Medicare PFS covered professional services furnished during July 1 - Dec 31, 2007
- Report up to 3 measures on 80% of patients

The Medicare, Medicaid, and SCHIP Extension Act of 2007 (MMSEA)

- Extended PQRI
- Removed Cap
- Required alternative reporting periods and alternative reporting criteria 2008 and 2009



The Medicare, Medicaid, and SCHIP Extension Act of 2007 (MMSEA)

Removed Cap

- 1.5% for all Medicare Part B services in reporting period Jan 1 - Dec 31, 2008

Or



- 1.5% for all Medicare Part B services in reporting period Jul 1 - Dec 31, 2008

The Medicare, Medicaid, and SCHIP Extension Act of 2007 (MMSEA)

Required for 2008 and 2009



- Alternative reporting periods
- Alternative criteria for satisfactory reporting
 - Measures Groups
 - Reporting through Registries

~~half yr reporting = 1/2 yr. incentive payment~~



There Are More Ways to Participate in 2008 PQRI!

- TRHCA - authorized 1 option, implemented through the 2008 Medicare Physician Fee Schedule Rule
- MMSEA - required establishment of alternative reporting periods/reporting criteria for measures groups and registry based reporting
- 8 new options established effective Apr 15, 2008 : See 2008 PQRI: Establishment of Alternative Reporting Periods and Reporting Criteria document posted at: www.cms.hhs.gov/PQRI

Alternative Reporting Periods

- January 1, 2008 – December 31, 2008
- July 1, 2008 – December 31, 2008






Satisfactory Reporting Options for 2008 PQRI

Submitting Measures Through Claims:

Individual Measures:

- Reporting period: 1/1/08 - 12/31/08
 - 3 PQRI measures or 1-2 if less than 3 apply
 - 80% of applicable patient claims for 1-3 measures



Satisfactory Reporting Options for 2008 PQRI (cont)

Submitting Measures Through Claims:

Measures Groups:

- Reporting period: 7/1/08 - 12/31/08
 - 1 Measures Group
 - 15 consecutive patients for applicable Measures Group
 - Report Measures Group specific "G-Code"
- Or
- 1 Measures Group
- 80% of patients for applicable Measures Group

individual measures that only need reported once.



submitting timeframe (Dec07-Feb 08)

Reporting Measures Groups Using Claims-based Reporting

Reporting Period: Jul 1 - Dec 31, 2008

Initiate 15 consecutive patients by reporting Measure Group specific "G-Code":

- G8485 - Report Diabetes Measures
- G8486 - Report Preventive Care Measures
- G8487 - Report CKD Measures
- G8488 - Report ESRD Measures






Satisfactory Reporting Options for 2008 PQRI (cont)

Submitting Measures through Registries:

Individual Measures:

- Reporting Period: 1/1/08 - 12/31/08
 - 3 PQRI measures
 - 80% of applicable Medicare FFS patients
- Reporting Period: 7/1/08 - 12/31/08
 - 3 PQRI measures
 - 80% of applicable Medicare FFS patients

Registries → doesn't matter when info goes into data base



Why these measures groups and not others?
 → wanted minimum of 4 measures
 → wanted to have common denominators.

*suggestions to CMS to make more groups.

**Satisfactory Reporting Options for
2008 PQRI (cont)**

**Submitting Measures through Registries:
Measures Group:**



- Reporting Period: 1/1/08 - 12/31/08
 - 1 Measures Group
 - 30 consecutive patients for Measures Group
 - Some Non-Medicare Patients may be included
- Or
- 1 Measures Group
- 80% of Medicare FFS patients for applicable Measures Group

  13

**Satisfactory Reporting Options for
2008 PQRI (cont)**

**Submitting Measures through Registries:
Measures Group:**



- Reporting Period: 7/1/08 - 12/31/08
 - 1 Measures Group
 - 15 consecutive patients for Measures Group
 - Some Non-Medicare Patients may be included
- Or
- 1 Measures Group
- 80% of Medicare FFS patients for applicable Measures Group

  14

Measures Groups

Diabetes Mellitus:



- 1 - HgbA1c Poor Control
- 2 - LDL Control
- 3 - High Blood Pressure Control
- 117 - Dilated Eye Exam
- 119 - Urine Screening for Microalbumin

  15

Measures Groups (cont)

End Stage Renal Disease (ESRD):



- 78 - Vascular Access for hemodialysis (HD) patients
- 79 - Influenza Vaccination
- 80 - Plan of Care for patients with anemia
- 81 - Plan of Care for inadequate HD

  16

Measures Groups (cont)

Chronic Kidney Disease (CKD):



- 120 - ACE or ARB
- 121 - Testing for Ca, Phos, PTH, Lipids
- 122 - Blood Pressure Management
- 123 - Plan of Care: Elevated Hgb for patients on ESA

  17

Measures Groups (cont)

Preventive Care:



- 39 - Screening/Therapy for Osteoporosis in Women
- 48 - Assessment of Urinary Incontinence in Women
- 110 - Influenza Vaccination
- 112 - Screening Mammography
- 111 - Pneumonia Vaccination for Patients 65 Years and Older
- 113 - Colorectal Cancer Screening
- 114 - Inquiry Regarding Tobacco Use
- 115 - Advising Smokers to Quit
- 128 - Weight Screening and Follow-up

  18

*registries can
nominated
& get tested to
quality
↓
by 31 will
be final list*

2008 PQRI Registry Timeline



- Mar - Aug 2008: Testing submission mechanism per 2008 PFS Rule
- Apr 30, 2008: CMS to post registry requirements for payment
- Aug 31, 2008: CMS will announce qualified registries
- Dec 2008 - Feb 2009: Submission for payment will be accepted

PQRI 2008 Registry Pilot Testing Participants

The following registries have been selected to participate in pilot testing:



- The Society of Thoracic Surgeons
- Cedaron
- University of Wisconsin Medical Foundation
- ICLOPS
- The National Cardiovascular Data Registry
- Cielo MedSolutions
- American Osteopathic Association
- Rush Health Associates
- Wellcentive
- Wisconsin Collaborative for Healthcare Quality
- General Electric
- Phytel

2008 PQRI Reporting Ensuring Success



When starting later in the year consider:

- Patient specific measures (60 such measures)
- Or
- Alternative half-year reporting period
- Or
- Registry-based submission



2008 PQRI Participation

For assistance and information contact your CMS Regional Office Chief Medical Officers.



CMS Regional Office Chief Medical Officers

- Boston - William Kassler
- New York - Nilsa Gutierrez
- Philadelphia - Barbara Connors
- Atlanta - Richard Wild
- Dallas - David Nilasena
- Kansas City - Arnold Balanoff / Annette Kusmaul
- Denver - Mark Levine
- San Francisco - Elizabeth Donohoe
- Seattle - Kenneth Fink

2009 Medicare Physician Fee Schedule (PFS) Rule

- December 27, 2006 MMSEA enacted
- Mar 24, 2008: Measure Suggestions Received from Public
- April, 2008: Establishment 2008 Alternative Criteria
- July 1, 2008: Start of 2008 Alternative Reporting Period
- July, 2008: Anticipated Publication 2009 Proposed Rule
- July - August: Anticipated Comment Period (60 days)
- July 31, 2008: Target date for Endorsement Completion for 2009 Measures
- August 31, 2008: Target Announce PQRI Qualified Registries
- Nov 2008: Anticipated Publication of 2009 Final Rule
- Nov 15, 2008: Target for Specification Posting
- Dec 31, 2008: End Reporting Periods 2008 PQRI
- Feb 28, 2009: End Acceptance Claims and Registry Data
- Mid-2009: 2009 PQRI Incentive Bonus Payments & Confidential Reports

For more information on PQRI visit
<http://www.cms.hhs.gov>

Thank you!
Michael Rapp, M.D., J.D., FACEP
Director, Quality Measurement & Health
Assessment Group

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