

## **Physician Quality Reporting Initiative (PQRI) Frequently Asked Questions**

### **1. What is the Physician Quality Reporting Initiative (PQRI)?**

Section 1848 (k) of the Social Security Act, as added by Division B, Title 1, Section 101, of the Tax Relief and Health Care Act of 2006 (TRHCA), mandates the establishment of a physician quality reporting system. CMS has titled this system the Physician Quality Reporting Initiative (PQRI). The PQRI is a voluntary program that will provide a financial incentive to physicians and other eligible professionals (EPs) who successfully report quality data related to covered services provided under the Medicare Physician Fee Schedule (PFS).

By reporting on a minimum of 3 measures or a single measures group on a specified group of patients, a physician can earn an incentive payment of 2% on all of their Medicare billing for one year. For 2010, there are 179 measures in the PQRI, which can be reported to CMS by physicians and other caregivers in hospitals or physician practices. There are two methods for submitting PQRI data to CMS:

- a. **Claims Reporting Method:** This requires providers to select specially created PQRI Codes (CPT II or G Codes) and submit them along with your routine bills.
- b. **Registry Reporting Method:** This requires providers to select a registry which has been approved by CMS as a qualified registry for data collection and once per year data submission. This method is expected to become the preferred method for many providers since they can review the data and add key clinical information regarding the patient at anytime. Additionally, providers **DO NOT** need to select CPTII codes for registry reporting since the registry performs the measure calculations and performance data is submitted separately from the billing process.

The Outcome<sup>TM</sup> PQRI Registry is a CMS qualified registry and can be used for quality improvement at the practice level, and the creation of a usable tool for chronic illness management and preventive services. The Outcome registry fosters a team approach to care allowing nurses, physicians, administrators and other caregivers to collaborate.

### **2. How does PQRI work? What do providers have to do?**

To participate in the Physician Quality Reporting Initiative (PQRI), a physician or other eligible professional (EP) should begin by reviewing the detailed PQRI Quality Measure Specifications and related informational materials available on the CMS PQRI website. EPs should select one measures group or three individual measures from the 13 available measures groups or 175 individual measures applicable to their patient panels and the professional services furnished to his or her patients. The EP should then choose a reporting method – either the Claims Reporting Method or the Registry Reporting Method.

### **3. Who is eligible to participate in PQRI?**

Physicians and other eligible professionals who provide services paid under the Medicare Physician Fee Schedule are eligible to participate in PQRI. Per the authorizing statute and applicable regulations, professionals eligible to participate in PQRI are: Physicians (Doctor of Medicine or Osteopathy, Doctor of Dental Surgery Or Dental Medicine, Doctor of Podiatric Medicine, Doctor of Optometry, Chiropractor); Physician Assistant; Nurse Practitioner; Clinical Nurse Specialist; Certified Registered Nurse Anesthetist (and Anesthesiologist Assistant); Certified Nurse-Midwife; Clinical Social Worker; Clinical Psychologist; Registered Dietitian; Nutrition Professional; Physical Therapist; Occupational Therapist; Qualified Speech-Language Pathologist.

### **4. Is registration with CMS required to participate in PQRI?**

No. There are no registration requirements for a practice or professional to participate in Physician Quality Reporting Initiative (PQRI).

**5. What is the 2010 Physician Quality Reporting Initiative (PQRI) reporting period?**

Eligible professionals can submit for an entire calendar year (January 1, 2010- December 31, 2010) or the 6-month period, July 1, 2010 – December 31, 2010.

**6. What are the financial benefits of participation in the 2010 PQRI?**

A PQRI participant who reports successfully will earn a lump-sum financial incentive of 2 percent of the Medicare Physician Fee Schedule allowed charges for covered services provided during the reporting period elected for 2010.

**7. How is the 2010 PQRI 2% incentive payment calculated for data submitted through a qualified registry?**

The Physician Quality Reporting Initiative (PQRI) financial incentive is an all-or-nothing lump-sum payment. There are two methods for selecting the patients on which to report:

- A. Any 3 Measures Method: Select any 3 of the 179 PQRI measures that are applicable to your practice. Submit data on 80% of the eligible patients on each measure (in the reporting period).
- B. Measures Group Method: Select one of 13 Measures Groups
  - a. Submit data on 80% of applicable patients for the measures group OR
  - b. Submit data on 30 eligible patients (or if reporting for just the 6 month period, submit 80% of Medicare patients – a minimum of 8 patients total).

**8. What is considered successful reporting under PQRI?**

CMS intends to make payments for participation in 2010. CMS has not stated that payments will vary on the actual quality achieved. The statutory description of satisfactory reporting depends on how many quality measures are applicable to the services furnished by the physician or other eligible professional during the entire reporting period. If there are no more than three quality measures applicable to the services provided by the eligible professional, then each measure must be reported for at least 80% of the cases in which the measure was reportable. Each patient must be seen by the provider at least one time during the reporting period.

**9. Is PQRI applicable to Medicare Advantage or to Medicaid patients?**

Medicare claims-based submission was the only method available for 2007 Physician Quality Reporting Initiative (PQRI) so it was not feasible to include Medicaid only patients. Beginning in 2008, it is possible to report on Medicare Advantage and non-Medicare (including Medicaid and commercial patients), **but only for reporting measures groups through a registry, although two Medicare Part B Fee-For-Service patients must be included in the measure group submission.** For all other reporting options, PQRI will collect quality data and calculate incentive eligibility and Part B Fee-For-Service payment amounts solely on covered professional services that are furnished to Medicare beneficiaries enrolled in the Part B Fee-For-Service plan. In other words, the incentive payment will be based only on the Medicare Part B covered professional services that are furnished to Medicare beneficiaries during the reporting period.

**10. Should our practice submit quality measure data via claims or through use of the qualified registry option?**

We expect many practices will begin participation using the qualified registry option for data submission to CMS. The qualified registry option does not require concurrent submission of billing data with the clinical performance data. As a result, the two processes can be separated. Advantages include the ability to retrospectively review patient care and use the information for chronic illness management and to promote prevention services. For example, reporting on the diabetes measure referable to glucose control requires the practice to provide HBA1C data for the patient. During the usual course of care, this lab data may not be available until days after the office visit. Using the automated Outcome registry, the lab data may be uploaded or input by staff at any time before or after the actual office visit. Staff can view the list of all diabetic patients in their practice, from all payer sources. Staff can use the Outcome registry to quickly perform a periodic quality review and reach out to patients who need follow-up care. Using the qualified registry also means the

providers and staff can work with the clinical data they are accustomed to using and DO NOT need to learn a new set of CPT II codes or change their billing process.

An additional benefit is that there are individual measures and measures groups identified in 2010 as only available for reporting through a qualified registry and cannot be reported through the claims-based method.

These measures are:

- a. HIV/AIDS Measure Group (8 measures)
- b. End Stage Renal Disease (3 measures)
- c. Coronary Artery Disease Measure Group (5 measures)
- d. Heart Failure Measure Group (6 measures)
- e. Coronary Artery Bypass Graft Measure Group (CABG) (8 measures)
- f. Medication Reconciliation after Hospital Discharge (1 measure)
- g. Melanoma (3 measures)
- h. Oncology (2 measures)
- i. Back Pain Measures Group (4 measures)
- j. Cataracts (2 measures)

#### 11. Should our practice select 3 individual measures or select one measures group?

Either option leads to the full 2% incentive payment. The advantage of the measures group is that sampling can be either 80% (as it is for individual measure submission) or 30 patients, which tends to result in a smaller patient population.

Practices will select their sample based on the eligible patients that they have in their practice for the measures or measures groups. In 2010, there are 13 measures groups available:

- a. Back Pain
- b. Coronary Artery Bypass Graft (CABG) – Registry Only
- c. Chronic Kidney Disease
- d. Community Acquired Pneumonia
- e. Coronary Artery Disease – Registry Only
- f. Diabetes
- g. Heart Failure – Registry Only
- h. Hepatitis C
- i. HIV/AIDS – Registry Only
- j. Ischemic Vascular Disease
- k. Perioperative Care
- l. Preventive Care
- m. Rheumatoid Arthritis

However, clinicians in the practice who do not have eligible patients for the measures groups should select the 3 individual measures option.

#### 12. What are the additional benefits of using the Outcome™ PQRI registry?

The Outcome registry reduces the amount of effort, by allowing users to upload the data that may have been already captured in another practice management system, to enter data manually (retrospectively or prospectively), or to integrate directly with electronic health records (EHR) and other practice management systems. The registry allows all members of a care team to view critical information for important groups of patients such as those with chronic illness. The reporting tools are easily available to all appropriate practice staff to allow distribution of tasks to nurses, nurse practitioners, physician assistants, and coding professionals. Reports allow comparisons of physicians within a practice or across a health system, helping practices to identify and adopt “best practices” and work-flows to systematically improve care. The registry may also be customized to provide letters to patients and referring clinicians. These can be used for reminders as well as reporting on results. Additional customization is possible to manage a library of patient education materials from nationally recognized professional societies and patient advocacy organizations.

References: <http://www.cms.hhs.gov/PQRI>  
<http://www.outcome.com/pqri.htm>

Updated: March 10, 2010