

Centers for Medicare & Medicaid Services

2007 Physician Quality Reporting Initiative (PQRI)

National Provider Call
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Physician Quality Reporting Initiative (PQRI)

- Tax Relief and Healthcare Act (TRHCA) Section 101 Implementation
 - Eligible Professionals
 - Quality Measures
 - Form and Manner of Reporting
 - Determination of Successful Reporting
 - Bonus Payment
 - Validation
 - Appeals
 - Confidential Feedback Reports
 - 2008 Considerations
 - Outreach and Education

Physician Quality Reporting Initiative (PQRI)

- Eligible Professionals
 - Medicare physician, as defined in Social Security Act (SSA) Section 1861(r):
 - Doctor of Medicine
 - Doctor of Osteopathy
 - Doctor of Podiatric Medicine
 - Doctor of Optometry
 - Doctor of Oral Surgery
 - Doctor of Dental Medicine
 - Chiropractor

Physician Quality Reporting Initiative (PQRI)

- Eligible Professionals
 - Practitioners described in Social Security Act (SSA) Section 1842(b)(18)(C)
 - Physician Assistant
 - Nurse Practitioner
 - Clinical Nurse Specialist
 - Certified Registered Nurse Anesthetist
 - Certified Nurse-Midwife
 - Clinical Social Worker
 - Clinical Psychologist
 - Registered Dietitian
 - Nutrition Professional

Physician Quality Reporting Initiative (PQRI)

- Eligible Professionals
 - Therapists
 - Physical Therapist
 - Occupational Therapist
 - Qualified Speech-Language Pathologist

Physician Quality Reporting Initiative (PQRI)

- Eligible Professionals
 - All Medicare-enrolled eligible professionals may participate, regardless of whether they have signed a Medicare participation agreement to accept assignment on all claims
 - No registration is required to participate in PQRI.

Physician Quality Reporting Initiative (PQRI)

- Quality Measures
 - 66 “2007 PVRP” quality measures posted on December 5, 2006 adopted in statute
 - 8 additional measures added, as allowed by statute
 - Final list of 74 PQRI quality measures posted at www.cms.hhs.gov/PQRI, as a download on the Measures/Codes webpage
 - Detailed measure specifications and instructions will be posted well in advance of July 1, 2007 statutory deadline

Physician Quality Reporting Initiative (PQRI)

- Form and Manner of Reporting
 - Reporting period is July 1—December 31, 2007
 - Claims-based reporting
 - CPT Category II codes (or temporary G-codes where CPT Category II codes are not yet available) for reporting quality data
 - Quality codes may be reported on paper-based CMS 1500 claims or electronic 837-P claims
 - Quality codes are reported with a \$0.00 charge
 - Quality codes, which supply the measure numerator, must be reported on the same claims as the payment codes, which supply the measure denominator
 - No registration is required to participate



Quality-Data Codes: From Care Process to Claim

CLINICAL

1. During a visit, patient is identified as **eligible for reporting** based on clinical condition
2. Eligible professional documents medical record and documentation fulfills measure requirements

ADMINISTRATIVE

3. Quality code associated with the measure is captured for claims submission process
4. Billing staff enter quality-code data on claims in the same location used for other HCPCS code reporting:
 - **837 Electronic Claims:**
SV1 “Professional Service”
Segment of the 2400
“Service Line” Loop,
SV101-1, SV101-2
OR
 - **CMS 1500:** Field 24D

CMS 1500 Paper Claim Form

1500
HEALTH INSURANCE CLAIM FORM
 APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE 06/05

1. MEDICARE MEDICAID TRICARE CHAMPVA SEVA/PLAN SECA OTHER (Medicare #) (Medicaid #) (Operator SSN) (Member/ENR) (SEV-ENR) (SECA) (K3)

2. PATIENT'S NAME (Last Name, First Name, Middle Initial) 3. PATIENT'S BIRTH DATE SEX 4. INSURED'S NAME (Last Name, First Name, Middle Initial)

5. PATIENT'S ADDRESS (No. Street) 6. PATIENT RELATIONSHIP TO INSURED 7. INSURED'S ADDRESS (No., Street)

8. PATIENT STATUS 9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial) 10. IS PATIENT'S CONDITION RELATED TO: 11. INSURED'S POLICY GROUP OR REC NUMBER

12. EMPLOYMENT? (Current or Previous) 13. INSURED'S DATE OF BIRTH SEX 14. EMPLOYER'S NAME OR SCHOOL NAME 15. INSURANCE PLAN NAME OR PROGRAM NAME 16. IS THERE ANOTHER HEALTH BENEFIT PLAN?

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE 18. HOSPITALIZATION DATE(S) RELATED TO CURRENT SERVICES 19. OUTSIDE LAB? 20. MEDICARE PRESUBMISSION CODE ORIGINAL REF. NO. 21. PRIOR AUTHORIZATION NUMBER

22. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY (Indicate I, 2, 3 or 4 to Item 24E by Lines)

23. PROCEDURE(S) SERVICES OR SUPPLIES (Include Unusual Circumstances) 24. DATE(S) OF SERVICE 25. FEDERAL TAX I.D. NUMBER 26. PATIENT'S ACCOUNT NO. 27. ACCEPT ASSIGNMENT? 28. TOTAL CHARGE 29. AMOUNT PAID 30. BALANCE DUE

31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREE(S) OR CREDENTIALS 32. SERVICE FACILITY LOCATION INFORMATION 33. BILLING PROVIDER INFO & PH #

NUCC Instruction Manual available at: www.nucc.org APPROVED CMB-0938-0999 FORM CMS-1500 (08-05)

www.cms.hhs.gov/cmsforms/downloads/CMS1500805.pdf

Quality-Data Code Charges

- Submitted charge field cannot be left blank.
- Submitted line item charge should be \$0.00.
- If billing software does not accept a \$0.00 line item charge, a small amount can be substituted.
- Eligible professionals can not collect any monies from beneficiaries for quality-data codes.

Physician Quality Reporting Initiative (PQRI)

- Determination of Successful Reporting
 - Reporting thresholds
 - If there are no more than 3 measures that apply, each measure must be reported for at least 80% of the cases in which a measure was reportable
 - If 4 or more measures apply, at least 3 measures must be reported for at least 80% of the cases in which the measure was reportable

Physician Quality Reporting Initiative (PQRI)

- Determination of Successful Reporting
 - Analysis is expected to be performed at the individual level
 - Requires accurate and consistent use of individual National Provider Identifier (NPI) on claims
 - www.cms.hhs.gov/NationalProvIdentStand

Physician Quality Reporting Initiative (PQRI)

- **Bonus Payment**

- Participating eligible professionals who successfully report may earn a 1.5% bonus, subject to cap
 - 1.5% bonus calculation based on total allowed charges during the reporting period for professional services billed under the Physician Fee Schedule
 - Claims must reach the National Claims History (NCH) file by February 29, 2008
- Bonus payments will be made in a lump sum in mid-2008
- Bonus payments will be made to the holder of record of the Taxpayer Identification Number (TIN)
- No beneficiary coinsurance

Physician Quality Reporting Initiative (PQRI)

- Bonus Payment

- Cap may apply when relatively few instances of quality measures are reported

- Cap calculation =

1. (Individual's instances of reporting quality data) X
2. (300%) X
3. (National average per measure payment amount)

National average per measure payment amount =

(National charges associated with quality measures) /
(National instances of reporting)

Physician Quality Reporting Initiative (PQRI)

- Validation
 - TRHCA requires CMS to use sampling or other means to validate whether quality measures applicable to the services have been reported
 - Validation plan under development
- Appeals
 - Determinations are excluded from formal administrative or judicial review
 - CMS will establish an informal inquiry process

Physician Quality Reporting Initiative (PQRI)

- Confidential Feedback Reports
 - 2007 PQRI quality data will not be publicly reported
 - Reports will be available at or near the time of the bonus payments in 2008
 - No interim reports during 2007
 - Reports are expected to include reporting and performance rates

Physician Quality Reporting Initiative (PQRI)

- 2008 Considerations
 - Measures must be established through rulemaking
 - Proposed by August 15, 2007; finalized by November 15, 2007
 - Statutory requirements for 2008 measures
 - Adopted or endorsed by a consensus organization, such as the AQA Alliance or National Quality Forum (NQF)
 - Include measures that have been submitted by a physician specialty
 - Used a consensus-based process for development
 - Include structural measures, such as the use of electronic health records or electronic prescribing technology

Physician Quality Reporting Initiative (PQRI)

- 2008 Considerations
 - Registry-based and electronic record-based reporting
 - Short lead time for implementation precludes using these channels for 2007 PQRI
 - CMS is working toward opening these channels for 2008 reporting
 - Standardized specifications for centralized reporting could reduce the burden of reporting for participants and CMS

Physician Quality Reporting Initiative (PQRI)

- Outreach and Education
 - Engagement through communication
 - Website at: <https://www.cms.hhs.gov/PQRI>
 - Medicare Carrier/Medicare Administrative Contractor (MAC) inquiry management
 - Speakers' Bureau
 - Education for participants and their office staff
 - Tools to support successful reporting