

Open Door Forum: The 2009 Physician Quality Reporting Initiative (PQRI)

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Title – **Open Door Forum: The 2009 Physician Quality Reporting Initiative (PQRI)**
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Title – **Disclaimers**

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Title – **Overview**

Text – The following text displays as four vertical bullets:

First bullet = PQRI in the Context of Value-Based Purchasing (VBP)
Second bullet = PQRI Legislative Background

Third bullet = 2009 PQRI

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Title – Value-Based Purchasing and PQRI

Text – This frame contains text that is separated into two bulleted sections as follows:
First bullet = Medicare's fee-for-service and prospective payment systems based on resource consumption and quantity of care, NOT quality or efficiency

Second bullet = Transforming Medicare from passive payer to active purchaser of higher quality, more efficient health care

Sub-bullet 1 = Tools: measurement, payment incentives, public reporting, conditions of participation, coverage policy, QIO program

Sub-bullet 2 = Initiatives: pay-for-reporting, pay-for-performance, gainsharing, competitive bidding

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Title – Legislative Background

Text – The text on this frame is separated into two sections.

Section 1 – TRHCA – Tax Relief and Health Care Act, 2006

Bullet = Established 2007 PQRI, 7/1 through 12/31/07, authorized 1.5 percent incentive subject to a cap, claims-based reporting by eligible professionals (EPs) of at least 3 individual applicable measures for 80 percent of eligible cases

Section 2 – MMSEA - Medicare, Medicaid, and SCHIP Extension Act of 2007

First bullet = Authorized 2008 PQRI, 1.5 percent incentive, eliminated incentive cap

Second bullet = Required alternative reporting periods and **alternative reporting criteria** for 2008 and 2009

Note: "Alternative reporting criteria" is bolded.

Sub-bullet = Requires alternative reporting for measures groups and for registry-based reporting

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Title – Legislative Background (continued)

Text – This frame highlights Sections 131 and 132 of the MIPPA - Medicare Improvements for Patients and Providers Act and displays the following text:

Section 131: 2009 PQRI

First bullet = Authorized raising 2009 PQRI incentive to **2 percent**, adds qualified audiologists as EPs, no effect on 2007 or 2008 incentive payments

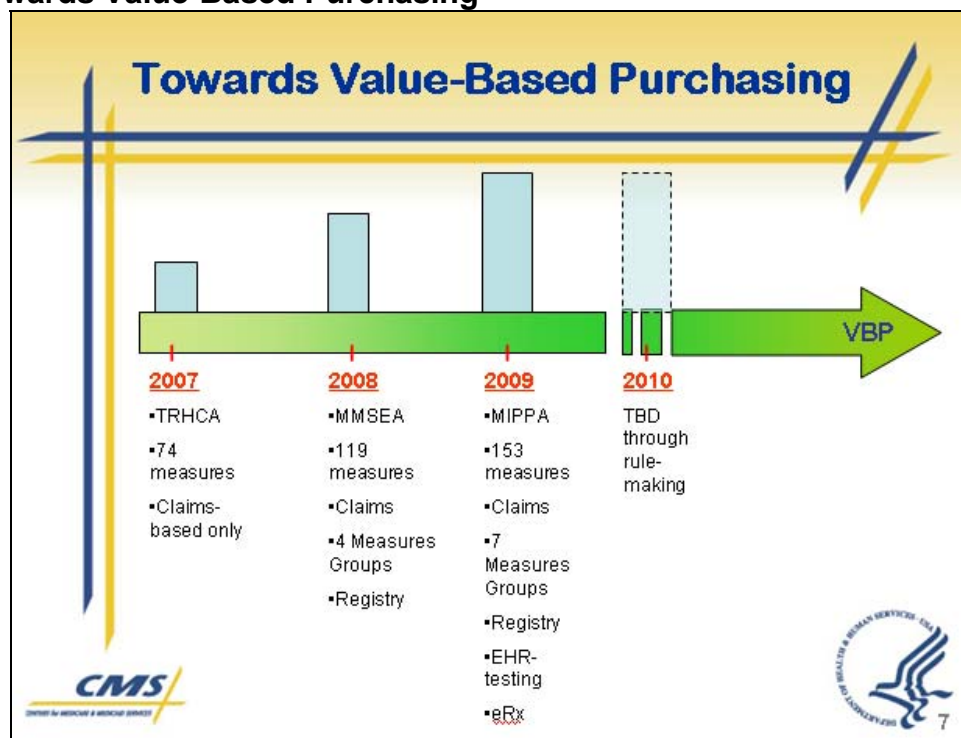
Second bullet = Requires CMS to post on our web site names of EPs who satisfactorily report quality measures for 2009 PQRI

Section 132: E-Prescribing Incentive Program

First bullet = Authorized separate **2 percent** incentive payment to EPs who are successful e-prescribers

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Title – Towards Value-Based Purchasing



Graphic – This frame displays a broad, green arrow originating at the left side of the frame and extending to the right side of the frame with the arrowhead on the right side. The arrow represents a continuum over time for the years 2007, 2008, 2009, and 2010. The green arrow is solid until it extends to 2010. At this point, there are three brief breaks in the arrow and then the arrow continues in a solid line to the arrowhead at the far right. The only text in the arrow is located in the arrowhead, which displays VBP (acronym for Value-Based Purchasing). Each year mark on the VBP arrow is labeled by year in red text and has a corresponding turquoise bar that extends upward vertically from the green horizontal VBP arrow. The heights of each vertical bar vary in height, increasing each year between 2007 (which is the shortest) and 2009. The vertical bars for these years are solid turquoise and bordered by solid black lines. For 2010, the height of the turquoise bar is the same as the one for 2009; however, the turquoise bar for 2010 contains some white dot shading and is bordered by a broken black line.

Text –

The 2007 bar has three bullets located vertically under the VBP continuum arrow.

First bullet = TRHCA (acronym for Tax Relief and Health Care Act)

Second bullet = 74 measures

Third bullet = Claims-based only.

The 2008 bar has five bullets located vertically under the VBP continuum arrow.

First bullet = MMSEA (acronym for Medicare, Medicaid, and SCHIP Extension Act of 2007)

Second bullet = 119 measures

Third bullet = Claims

Fourth bullet = 4 Measures Groups

Fifth bullet = Registry.

The 2009 bar has seven bullets located vertically under the VBP continuum arrow.

First bullet = MIPPA (acronym for Medicare Improvements for Patients and Provider Act)

Second bullet = 153 measures

Third bullet = Claims

Fourth bullet = 7 Measures Groups

Fifth bullet = Registry

Sixth bullet = EHR-testing (acronym for electronic health record)

Seventh bullet = eRx (acronym for electronic prescribing).

The 2010 bar has no bullets located vertically under the VBP continuum arrow, but the following text displays: TBD (acronym for To Be Determined) through rule-making.

This image contains the colored CMS logo and the HHS logo.

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Title – 2009 PQRI: Eligible Professionals

Text: This frame displays lists of eligible professionals in two columns. Column one contains physicians and therapists. Column two contains practitioners.

The following seven professionals are listed as sub-bullets under Physicians: MD/DO, Podiatrist, Optometrist, Oral Surgeon, Dentist, Chiropractor

The following three professionals are listed as sub-bullets under Therapists: Physical Therapist, Occupational Therapist, Qualified Speech-Language Pathologist

The following 10 professionals are listed as sub-bullets under 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 (beginning 1/1/09)

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Title – 2009 PQRI: Form and Manner of Reporting

Text: This frame is formatted with two main bullets as follows:

First bullet = Quality data can be submitted on:

First sub-bullet = Individual quality measures or

Second sub-bullet = Measures groups

Second bullet = Quality data can be submitted through:

First sub-bullet = Claims-based submission

Second sub-bullet = Registry-based reporting

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Title – 2009 PQRI Reporting Periods

Text – This frame is formatted with two main bullets and sub-bullets as follows:

First main bullet = 1 reporting period for claims-based reporting of individual measures:

January 1, 2009 through December 31, 2009

Note: The “January 1, 2009 through December 31, 2009” text is underlined.

Second main bullet = 2 reporting periods for reporting measures groups and registry-based reporting:

First sub-bullet = January 1, 2009 through December 31, 2009

Second sub-bullet = July 1, 2009 through December 31, 2009

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Title - 2009 PQRI Quality Measures

Text – This frame is formatted with one main bullet and six sub-bullets as follows:

Main bullet = Measures address various aspects of quality care

First sub-bullet = Prevention

Second sub-bullet = Chronic Care Management

Third sub-bullet = Acute Episode of Care Management

Fourth sub-bullet = Procedural Related Care

Fifth sub-bullet = Resource Utilization

Sixth sub-bullet = Care Coordination

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Title - 2009 PQRI Quality Measures (continued)

Text – This frame is formatted with one main bullet and four sub-bullets as follows:

Main bullet = 153 PQRI quality measures for 2009

First sub-bullet = Includes 101 measures from the 2008 PQRI and 52 new measures

Second sub-bullet = E-prescribing measure (Measure #125) removed, as required by MIPPA as a separate incentive program

Third sub-bullet = 18 measures reportable only through registries

Fourth sub-bullet = Measure specifications are available in the Measures/Codes section of the CMS PQRI website at <http://www.cms.hhs.gov/pqri>

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Title – Understanding the Measure Construct

Text – This frame displays text that explains measure calculation in terms of numerator (located at the top of the frame) and denominator (located at the bottom of the frame).

NUMERATOR

Note: The word “Numerator” is formatted in bolded, red text and all letters capitalized CPT II Code or Temporary G-code (describes clinical action required for performance)

Note: “Clinical action” is bolded.

A large, bolded “divided by” sign

DENOMINATOR

Note: The word “Denominator” is formatted in bolded, jade text and all letters are capitalized

ICD-9-CM and CPT Category I Codes

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

Note: “Eligible cases” and “clinical action” are bolded.

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Title – **Understanding the Measures: PQRI Quality-Data Codes (QDCs)**

Text – This frame is formatted with one main bullets and sub-bullets as follows:

Main bullet = QDCs translate **clinical actions** so they can be captured in the administrative claims process – they describe whether:

First sub-bullet = the measure requirement **was met** OR

Second sub-bullet = the measure requirement **was not met** due to documented allowable performance exclusions (i.e., using CPT II performance exclusion modifiers) OR

Third sub-bullet = the measure requirement **was not met** and the reason is not documented or is not consistent with an accepted performance exclusion (i.e., using the 8P reporting modifier)

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Title – **2009 PQRI Measures Groups**

Text – This frame is formatted with one main bullets and sub-bullets as follows:

First main bullet = 7 measures groups:

First sub-bullet = Diabetes Mellitus

Second sub-bullet = Chronic Kidney Disease

Third sub-bullet = Preventive Care

Fourth sub-bullet = Coronary Artery Bypass Graft (CABG) (registry only)

Note: The “registry only” text is formatted in red.

Fifth sub-bullet = Rheumatoid Arthritis

Sixth sub-bullet = Perioperative Care

Seventh sub-bullet = Back Pain*

Notes: The “back pain” text is followed by an asterisk, which is noted beneath the sub-bullet as indicating that “Measures in this measures group are reportable only as a measures group, not as individual measures.”

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Title – **2009 PQRI Satisfactory Reporting Options**

Text – This frame is formatted with one main point and three bullets

Main point = Criteria for **claims-based submission of individual measures** (1 option):

First bullet = Reporting period: January 1, 2009 through December 31, 2009
Second bullet = greater than or equal to 3 PQRI measures or 1 to 2 measures if less than 3 apply
Third bullet = greater than or equal to 80 percent of applicable Medicare Part B FFS patient claims for 1 to 3 measures

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Title – **2009 PQRI Satisfactory Reporting Options (continued)**

Text – This frame is formatted with one main point and two bullets

Main point = Criteria for **registry-based reporting of individual measures** (2 options):

First bullet = Reporting period: January 1, 2009 through December 31, 2009
First sub-bullet = greater than or equal to 3 PQRI measures
Second sub-bullet = greater than or equal to 80 percent of applicable Medicare Part B FFS patients for greater than or equal to 3 measures

Second bullet = Reporting period: July 1, 2009 through December 31, 2009
First sub-bullet = greater than or equal to 3 PQRI measures
Second sub-bullet = greater than or equal to 80 percent of applicable Medicare Part B FFS patients for greater than or equal to 3 measures

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Title – **2009 PQRI Satisfactory Reporting Options (continued)**

Text – This frame is formatted with one main point and two bullets

Main point = Criteria for **claims-based submission of measures groups** (3 options):

First bullet = Reporting period: January 1, 2009 through December 31, 2009
First sub-bullet = 30 consecutive patients for 1 measures group **OR**
Second sub-bullet = greater than or equal to 80 percent of applicable Medicare Part B FFS patient claims for 1 measures group, with a minimum of 30 applicable patients
Second bullet = Reporting period: July 1, 2009 through December 31, 2009
First sub-bullet = greater than or equal to 80 percent of applicable Medicare Part B FFS patient claims for 1 measures group, with a minimum of 15 applicable patients

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Title – **2009 PQRI Satisfactory Reporting Options (continued)**

Text – This frame is formatted with one main point and two bullets

Main point = Criteria for **registry-based reporting of measures groups** identical to criteria for claims-based submission of measures groups, except:

First bullet = Only Medicare Part B FFS patients can be included in the consecutive patient sample for claims-based submission

Second bullet = Registry-based reporting of consecutive patient sample may include some non-Medicare patients

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Title – **Thank You**

Text – This frame is formatted with three points

First point = For more information on PQRI, including FAQs, go to:

<http://www.cms.hhs.gov/pqri>

Second point = Questions on the PQRI should be submitted to:

pqri_inquiry@cms.hhs.gov

Third point = Questions regarding a specific PQRI measure should be directed to the measure developer identified on the *2009 PQRI Measures List*

End of Presentation