

New Options Available for PQRI 2008 Participation

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Has your practice started reporting data to the Medicare Physician Quality Reporting Initiative yet? If not, you still have time to participate for 2008!

The Centers for Medicare & Medicaid Services (CMS) recently announced new options for the 2008 Physician Quality Reporting Initiative (PQRI) that make it easier than ever to participate. One new option starts July 1 for reporting measures groups. This means that it is not too late for those who have not yet started reporting quality data to begin participation for 2008.

PQRI is a voluntary quality reporting system that was initially authorized by the 2006 Tax Relief and Health Care Act, in which eligible professionals who satisfactorily report on the quality of services furnished to Medicare Part B Fee-for-Service beneficiaries will receive a financial incentive. For 2008, there are two alternative reporting periods, January 1- December 31, 2008 or July 1 - December 31, 2008.

A wide spectrum of health care professionals are eligible to participate in this program, including physicians, non-physician practitioners, and therapists. Many professionals are already working to improve the quality of care to beneficiaries through their hospitals and institutions or through their continuing commitment to health care quality in conjunction with their professional organizations. Professionals who successfully reported in 2007 will be receiving an incentive payment and access to confidential feedback reports starting in July 2008.

Why should health care professionals participate in PQRI?

PQRI enables participants to choose specific quality measures to report—measures that pertain to the care they most frequently deliver to patients in their practices. Those professionals who submit quality data for either of the 2008 reporting periods will be able to access a confidential report in mid-2009 that will inform them of their performance relative to all other professionals who successfully reported the same measures. PQRI feedback information may be used by professionals to plan practice changes to improve future care they provide to their patients.

The PQRI uses measures that have been endorsed by the National Quality Forum (NQF) or approved by the AQA (formerly called the Ambulatory Care Quality Alliance). These organizations use a structured process for the review of measures that includes broad participation by healthcare professional societies and national quality organizations. Measures endorsed by the NQF and approved by AQA are considered reliable and meaningful indicators of quality care. As such, PQRI measures are valued by the very same professionals who collect and report them.

As further incentive to participate in 2008, participating eligible professionals who meet CMS' criteria for satisfactory reporting quality data will receive an extra 1.5% bonus payment, based on their total allowable charges under the Medicare Physician Fee Schedule for the reporting period.

What has changed since the start of PQRI last year?

2008 PQRI encompasses new and revised measures and now comprises 119 unique quality measures, including 2 structural measures. The structural measures focus on whether a professional uses electronic health records and/or electronic prescribing technology. Structural measures may be reported by any eligible professional on any Medicare patient, regardless of whether any other 2008 PQRI measures apply to the services furnished by that professional. The CMS PQRI website contains more information about each of these measures.

For 2008, a new PQRI law now allows CMS to offer:

- New reporting options that give eligible professionals more options to successfully participate, including the choice to report individual measures or measures groups (which combine quality measures applicable to clinical conditions common among Medicare beneficiaries). More information about reporting measures groups can be found on CMS' PQRI website;
- New, alternate reporting periods to allow eligible professionals to begin reporting on July 1, 2008, and still receive an incentive payment (1.5% of allowable charges for services provided from July 1 through December 31, 2008); and
- New options to submit quality measures data to CMS through a qualified, established clinical registry, in which eligible professionals may already be participating. CMS expects to post a list of approved registries to its website in the late summer 2008.
- Some professionals may receive a higher incentive payment for successful participation, as the new law removes the limit (cap) on the incentive payment.

CMS is committed to becoming an active purchaser of high quality, efficient health care. The PQRI is an important step toward this transformation to purchasing based on the value rather than just the volume of services furnished. CMS is also developing and implementing pay-for-performance programs for multiple types of health care providers, to encourage the provision of high-quality, cost-effective care for Medicare beneficiaries.

For more information about PQRI, visit us on the CMS website at www.cms.hhs.gov/PQRI, where you will find relevant materials and educational resources addressing the 2008 program changes and an updated tool kit to help you to get started. New resources have been added recently to help professionals understand the new options and to give helpful information for reporting claims-based measures groups: