

# Meeting Minutes

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## **Meeting Minutes from Ask the Contractor (ACT) – 2008 Physician Quality Reporting Initiative (PQRI) Teleconference**

**Present:** Julie Mackay, DeEtte Minerley, Gina D’Amigo, Edward M. Cox, M.D., Janet Skrzypek, Jane DeMaine

**CC:** N/A

**Facilitator:** Julie Mackay

**Scribe:** Gina D’Amigo

**Timekeeper:** Julie Mackay

**Date and Time:** December 12, 2007 – 2:00 p.m. – 3:00 p.m. (call concluded at 2:45 p.m.)

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### **Meeting Highlights**

#### **1. Introduction of subject and staff present for teleconference call.**

- CMS will be conducting a 2008 PQRI teleconference on December 19, 2007 at 3:00 p.m., during which they will be discussing the measures in more detail.
- For those of you already participating in the program, you will notice that for the most part, the program has remained unchanged for 2008. CMS has said that changes may be made until December 31, 2007. These changes could be made by Congress, CMS or the measure developers. CMS has stated that the measurements themselves will not change, but the specifications could. Please note that as your carrier, we are unable to answer any measurement specific questions. These should be directed to the measure developers.

#### **2. Role Call**

#### **3. Presentation of Material – Julie Mackay**

- **PQRI Coding & Reporting Principles**

- CMS (authorized under Title 1, Section 101 of the Tax Relief and Health Care Act of 2006 (TRHCA)), created the 2007 PQRI, which established a financial incentive for eligible professionals to participate in a voluntary quality-reporting program. These eligible professionals, who successfully report a designated set of quality measures on claims for dates of service from July 1 through December 31, 2007, may earn a bonus payment subject to a cap) of 1.5% of total allowed charges for covered Medicare physician fee schedule services during that same period. Dates of services for the 2008 program are January 1, 2008 through December 31, 2008. CR#5640 gives some information on the PQRI program. You can find more information on the CMS PQRI Web site ([www.cms.hhs.gov/pqri](http://www.cms.hhs.gov/pqri)).

- **Focus on Quality**

- The current Medicare Physician Fee Schedule is based on quantity and resources consumed, NOT quality or value for services. PQRI is value-based purchasing and it is a key mechanism for transforming Medicare from a passive payer to an active purchaser. The 2008 PQRI program will continue transforming Medicare into a prudent purchaser of higher quality care for Medicare beneficiaries.
  - Foundation is evidenced-based measures developed by professionals.
  - Measurement enables improvements in care.
  - Reporting is the first step toward pay for performance.

- **The Process**

- The confidential report is a feedback report to participating providers. The quality data reported under PQRI will not be publicly reported. Participants are encouraged, but not required to review and use the confidential reports. Reports are expected to include:
  - Data necessary to calculate bonus payment
  - Performance data

The 2007 reports are expected to be available at or near the time of the lump sum bonus payments made in mid-2008. No interim report was available for 2007, and CMS has stated that there will be no interim report for 2008.

- **Eligible Professionals**

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

Although the program title refers to physicians, the scope of eligible providers is more expansive. Under PQRI, covered professional services are those paid based on the Medicare Physician Fee Schedule. To the extent eligible professionals are providing services that get paid under the Medicare Physician Fee Schedule, those services are eligible for PQRI.

Other members of the healthcare team are also eligible to participate.

- 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

Therapists are also eligible professionals.

- Therapists
  - Physical Therapist
  - Occupational Therapist
  - Qualified Speech-Language Pathologist
- 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.
- To participate in PQRI, you must have a National Provider Identifier (NPI).
  - Eligible professionals who provide services to Medicare beneficiaries are included. The decision to accept assignment or not, does not affect their opportunity to participate. In order to participate in the program, eligible professionals simply begin submitting codes with their claims using their NPI. This listing of eligible professionals has not changed from 2007 to 2008. However, you will find that the addition of new measurements will expand the number of opportunities for providers to participate.

- **2007 Quality Measures**

- The final list of 74 PQRI quality measures, detailed measure specifications and instructions are posted at [www.cms.hhs.gov/PQRI](http://www.cms.hhs.gov/PQRI), as download on the Measures/Codes Web page.
- 2007 reporting period is for DOS July 1, 2007, through December 31, 2007.
- Claims must be received at National Claims History (NCH) by February 28, 2008.
  - The final list of measures for 2007 PQRI reporting was developed and posted on the PQRI web page on the CMS Web site.

- **2008 Quality Measures**

- The final list of 119 PQRI quality measures and detailed measure specifications are posted at [www.cms.hhs.gov/PQRI](http://www.cms.hhs.gov/PQRI), as a download on the 2008 PQRI Information Web page.
- 2008 reporting period is for DOS January 1, 2008 through December 31, 2008.
- The date which claims must be received at NCH in 2009 has not been released.

- The quality measures specified in the statute are those measures identified in the 2008 Medicare Physician Fee Schedule Final Rule – CMS-1385-FC, which is available on the same web page. PQRI-specific content begins on page 653 of the MPFS Final Rule document. These codes do not go into effect until January 1, 2008. Unlike 2007, there will be no testing period for 2008.
- Please note that the 2008 PQRI Measure Specifications Table of Contents now list measure numbers up to 134. This is due to the fact that some measures were deleted, i.e., 13, 15, 16, 17, etc. while others were added and given their own unique measure numbers.
- Remember that CMS has warned us that the measure specifications could be revised by the measure developers up until December 31, 2007.

- The 2008 PQRI measures are identified in the rule, for purpose of reference, as falling into seven broad categories. The 119 measures identified include:

- 59 National Quality Forum (NQF)-Endorsed 2007 PQRI Quality Measures;
- 38 new measures developed by or through the American Medical Association (AMA) Physician Consortium for Performance Improvement (PCPI);

- The Tax Relief and Health Care Act of 2006 requires that measures for use in the 2008 PQRI have been endorsed or adopted by a consensus organization, such as the National Quality Forum (NQF) or the AQA Alliance (AQA), include measures that have been submitted by a physician specialty, and be identified by the Secretary as having used a consensus-based process for development. In addition, the measures shall include structural measures, such as the adoption and use of health information technology (#124 for Electronic Health Record (EHR) and #125 for e-prescribing).

CMS is moving information technology forward by addressing Registry- and EHR-based Data Submission. The TRHCA, also requires that CMS address in 2008 a registry-based mechanism for data submission. In the MPFS Final Rule, CMS describes plans for 2008 to **test** quality-measure data submission mechanisms based on clinical data registries and electronic health records. You can find more information on how to participate in the testing phase in the Final Rule.

- 7 new measures for non-physician eligible professionals developed via Pennsylvania Quality Improvement Organization contract (PA QIO);
- 2 new structural measures developed under the PA QIO contract;
- 5 measures from the Ambulatory Care Quality Alliance (AQA) Starter Set of quality measures that were not included in 2007 PQRI measures but are relevant to Medicare beneficiaries (e.g., prevention measures);
- 6 NQF-endorsed measures that were not included in the 2007 PQRI quality measures but that are relevant to Medicare beneficiaries, address overuse/misuse of pharmacologic therapy, and/or that expand the specialty applicability and patient population;
- 2 measures developed by the American Podiatric Medical Association.

The new podiatric measures are:

- Measure 126: Diabetic Foot and Ankle Care, Peripheral Neuropathy: Neurological Evaluation
- Measure 127: Diabetic Foot and Ankle Care, Ulcer Prevention: Evaluation of Footwear

- **Reporting**

- The PQRI measures are associated with clinical conditions that are routinely represented on Medicare Fee-For-Service (FFS) claims.

- ICD-9-CM diagnosis codes
- HCPCS codes

The PQRI measures are associated with clinical conditions that are routinely represented on Medicare Fee-for-Service (FFS) claims. The reporting process remains the same for 2008. The diagnosis code and HCPCS code combination identifies an opportunity to report on a measure. Practitioners should select measures based on their patient population. The type of diagnosis and procedures they see most frequently. The PQRI Measure Finder Tool and User Guide, located on the PQRI Tool Kit Web page, is designed to help eligible professionals and their coding/billing staff to quickly search for applicable measures and their detailed specifications. This tool allows users to search for applicable measures based on a single code or a combination of codes. The user guide provides instruction on how to use the PQRI Measure Finder Tool. This will be updated to include the 2008 measures.

- There are PQRI Quality-Data Codes, primarily CPT II codes, associated with each measure.
- Quality-Data Codes translate clinical actions so they can be captured in the administrative claims process.
- There are Performance Measure Exclusion Modifiers (1P, 2P, and 3P) and a Performance Measure Reporting Modifier (8P).
  - PQRI requires that the quality-data codes be added as a line item on the claim submitted to carriers for the associated covered service. This means that the CPT Category II code, which supplies the numerator, must be reported on the same claim form as the payment ICD-9 and CPT Category I codes, which supply the measure's denominator. The numerator is the clinical action being reporting. The denominator represents an opportunity to report.
  - Please note that claims that are resubmitted for the purpose of adding quality codes that were not reported on the original claim, will not count toward satisfactory reporting or in the potential bonus payment calculation.
  - Performance Measure Exclusion Modifiers indicate that an action specified in the measure was not provided due to medical (1P), patient (2P) or system reasons (3P) documented in the medical record. One or more exclusions may be applicable for a given measure. Certain measures have no applicable exclusion modifiers. Refer to the measure specifications to determine the appropriate exclusion modifiers.

- Performance Measure Reporting Modifier (8P) facilitates reporting a case when the patient is eligible but the action described in a measure is not performed and the reason is not specified or documented.
- **Successful Reporting**
  - If 4 or more measures are applicable to the practice, practitioner must report at least 3 of them correctly for 80 percent of cases (visits or patients, depending on measure).
  - If 3 or fewer measures are applicable to the practice, practitioner must report each of them correctly for 80 percent of the cases (visits or patients, depending on measure).
    - PQRI is a pay-for-reporting program, so successful reporting at the measure level is defined as successfully reporting a quality code in 80% of the cases where the eligible professional had the opportunity to report those codes.
    - If 4 or more measures are applicable, practitioners must report on at least 3 of them correctly for 80% of the applicable claims.
    - If three or fewer measures are applicable, practitioners must report each of them correctly for 80% of the applicable claims. Validation of measure reporting will be done for those eligible professionals who satisfactorily submit less than 3 measures.
    - CMS will be using the same validation process for 2008. The General/Broad measures which are excluded from the validation process will be updated to include applicable measures for 2008. For additional information on the validation process, go to the PQRI website on the Reporting webpage.
    - CMS recommends that eligible professionals consider reporting on every applicable quality measure because this would increase the likelihood of reaching 80% on the requisite number of measures and reduce the likelihood of being subject to the bonus cap.
- **The Bonus Payment**
  - Professionals that report successfully are eligible for a 1.5 percent bonus payment, subject to a cap.
  - Potential bonus payment is calculated using total allowed charges for covered professional services furnished during the reporting period and paid under the Physician Fee Schedule.
    - The 2007 bonus payment will be made sometime in mid-2008.
    - The bonus payment calculation has not changed for 2008. The 2008 bonus payment will be made sometime in mid-2009.
  - The cap will be calculated at the end of the reporting period by multiplying the National Average per Measure Payment Amount (National total charges associated with quality measures/National total instances of reporting) x 300% x Individual's instances of reporting quality data.
    - Where successful reporting is calculated on an individual NPI, the bonus payment will go to the holder of the Tax ID.

- [www.cms.hhs.gov/pqri/](http://www.cms.hhs.gov/pqri/)
- CMS has instructed us to advise providers to gather information and educational materials from the PQRI web page on the CMS website. On this page you will find an Overview of the program and links to:
  - The Statute, Regulations and Program Instructions from Congress;
  - The downloads for the Measures, which include the related CPT and ICD 9 Codes;
  - Numerous Educational Resources;
  - The PQRI Tool Kit;
  - And information about the 2008 program.
- Other resources you may find helpful are professional associations, specialty societies or the American Medical Association.
- **PQRI CMS Presentations**
  - Module I – High Level Overview
  - Module II – Preparation and Participation Strategies for Successful Reporting
  - Module III – Coding Guidance
  - Module IV – Coding for Quality: The Measures
    - Under “Educational Resources” you will find these CMS PowerPoint Presentations. You may use these to educate your staff in your own office and at your own pace. Except for the possibility of a specific measure used as an example, the information from 2007 to 2008 is essentially the same.
- **Educational Resources**
  - 2007 PQRI Measure Specifications
  - PQRI FAQ
  - 2007 PQRI Fact Sheet
  - Letter to Medicare Beneficiaries
  - PQRI Validation Process
    - For 2007, the Quality Measures, Measure Specifications and a link to the PQRI FAQ can be found under “Measures/Codes”. For 2008 the Quality Measures, Measure Specifications and 2008 PQRI Information FAQ can be found under “2008 PQRI Information”. Be aware that CMS will be archiving the 2007 information and revising the web pages. Also, CMS is continuously posting FAQs. The Fact Sheet can be found under “Educational Resources”.
    - The Centers for Medicare & Medicaid Services has posted a letter to Medicare beneficiaries with important information about PQRI. The letter is from Medicare to the patient explaining what the program is, and the implications for the patient. Physicians may choose to provide a copy to their patients in support of their PQRI participation. To obtain a copy of the letter, see the "Related Links Outside CMS" section under “Overview”. As stated earlier, for details on the PQRI Measure Applicability Validation Process, go to the “Download” section under “Reporting”.

- 2007 PQRI Tool Kit – Six Steps for Success
  - 2007 PQRI Physician Quality Measures
  - MLN Matters Article MM5640
  - 2007 PQRI Code Master
  - 2007 Coding for Quality Handbook
  - 2007 Data Collection Worksheets
  - 2007 PQRI Measure Finder Tool and User Guide
    - Note: You may want to print only the first 12 pages of the 223 page handbook, select the measures you want to report, and then only print those pages.
    - For step by step details on use of a specific measure print the applicable data collection worksheet.
    - CMS will be adding a search function to the handbook to make it more user friendly.
    - The handbook and data collection worksheets for 2008 are under revision.
- **Issues from 2007 PQRI**
  - Education
  - Measure Complexity
  - Practice Management Situations
  - Clearing Houses
  - Claim Processing:
    - Modifiers
    - Number of lines on a claim
    - NPI
- **Lessons Learned**
  - The PQRI Quality-Data Codes must be reported with...
    - Zero dollar (0.00) amount in the charges field. Do not leave this field blank.
    - Only appropriate modifiers (1P, 2P, 3P or 8P). Not all PQRI modifiers are applicable for every quality code.
      - The PQRI Quality-Data Codes must be reported with...

A zero dollar (0.00) amount in the charges field or a very low amount (0.01) based on the capabilities of your billing software. Do not leave this field blank. Please verify which modifiers are applicable by referring to the measure specifications, i.e. for 2007, Measure 47: Advance Care Plan allows for the use of modifiers 2P or 8P only.

- The PQRI code that correctly reports will receive denial message N365 (noncovered charges).
  - If you receive any other message than N365, this claim does not count toward successful reporting. Please review your remittance advice and contact our provider toll free line if you have questions.

The beneficiary will receive the message “This code is for informational/reporting purposes only. You should not be charged for this code. If there is a charge, you do not have to pay the amount.” on their Medicare Summary Notice.
- PQRI Tip Sheet contains lessons learned by CMS.
- **Disclaimer**
  - This training material was developed by the Upstate Medicare Division (UMD) for providers who furnish services to Medicare beneficiaries in the upstate New York region. It has been prepared as a tool to assist providers who bill the Medicare program, but it is not a legal document. This information was current at the time that it was developed, however, the official Medicare program provisions are contained in the relevant laws, regulations, and rulings. These provisions and any updates can be found on the UMD Web site, ***www.umd.nycpic.com***, or on the Centers for Medicare & Medicaid Services (CMS) Web site, ***www.cms.hhs.gov***. The ultimate responsibility for correct claim submission lies with the provider.
    - As you are all aware, Medicare information changes frequently and you really need to visit the Upstate Medicare Division Web site as well as The Centers for Medicare and Medicaid Services Web site on a regular basis. This way you will be updated on any changes to Medicare guidelines or policies.
- **Web Sites**
  - [www.umd.nycpic.com](http://www.umd.nycpic.com)
  - [www.cms.hhs.gov](http://www.cms.hhs.gov)
    - It is your responsibility to remain current with all policy revisions.
- **ListServes**
  - If you would like email notification of revisions related to the services you supply you may register on our Web site for ListServes. From our home page select “Providers” and then select “ListServes”. Complete the subscription form and submit. The UMD ListServe is used to notify subscribers via email of the availability of related information on the UMD Web site.
- [www.cms.hhs.gov/AboutWebsite/20\\_EmailUpdates.asp](http://www.cms.hhs.gov/AboutWebsite/20_EmailUpdates.asp)
  - The Centers for Medicare & Medicaid Services (CMS) offers an electronic mailing list service for those interested in receiving news from CMS. This service is optional. From this page, you can subscribe or unsubscribe from any of CMS's mailing lists.

#### **4. Opened for Questions**

1. Question – Federally Qualified Health Centers are not eligible to participate. Is there any information about whether or not they will be able to in the future? Answer – No, not at this time.
2. Comment from DeEtte Minerley: Encouraged everyone to use the PQRI Web site, which will be updated with the 2008 information. Utilize the tool kit (measure finder tool), which provides measures to choose from. Only 56 codes will remain from 2007 to include in 2008. Also the Handbook is 223 pages, be cautious when printing.
3. Question – Why can't we report the same measures? Answer – If it's still a valid measure for 2008, you can choose to report on it again. Be sure to check the measure specifications for any changes.
4. Question – If they use the electronic measure, is it considered 1 measure being reported? Answer – Yes.

#### **5. Conclusion of Teleconference**

- There were no further questions and the teleconference was closed at 2:45 p.m.
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