

ONESource

Monthly Newsletter from CompONE

So what's the deal with PQRI and can I participate through CompONE?

Executive Summary

The Physician Quality Reporting Initiative (PQRI) is a voluntary program that offers incentive bonuses to physicians who participate by reporting specific clinical service related information to CMS. CompONE has recently contracted with a registry that can perform data integration with our existing system and report PQRI measures through the more efficient and accurate PQRI registry-based reporting method. If you used CompONE as your billing solution in 2010 and you are interested in having an analysis performed on your practice that will identify all potential measures that can be reported on and submitted to CMS for each EP in your practice, please contact David Johnston, Senior Practice Management Consultant for CompONE Services, at DJohnston@CompONEltd.com.

Introduction

To say the least, there have been many critics of the quality reporting program, due not only to its complexity and obscurity, but also to the fact that most people who have spent the time, money and resources to participate have found that they did so unsuccessfully. CompONE would like to clearly update you on what exactly this program is and how you can successfully participate for 2010 and future years if you use CompONE as your billing solution.

What Exactly is PQRI?

The Tax Relief and Health Care Act of 2006 authorized the Centers for Medicare and Medicaid Services (CMS) to establish and implement a physician quality reporting system. In response, CMS created the Physician Quality Reporting Initiative (PQRI). This initiative, which is currently voluntary, offers an incentive bonus to Eligible Professionals (EPs) who choose to participate, by reporting specific clinical service related information to CMS.

Keep in mind that this has been a “pay for reporting” initiative rather than a “pay for performance” initiative. For example, a physician does not need to offer smoking cessation classes to an identified smoker in order to qualify, rather a physician must report that he or she had an eligible case where this could have been offered, regardless of the action taken. We should expect, however, that in the very near future CMS will transform this initiative into a “pay for performance” program where a physician would only be eligible for a bonus if, following the example, he or she did offer cessation classes whenever a patient was identified as a smoker.

CMS sees PQRI as an important first step towards establishing a value-based purchasing program for physicians. In other words, CMS is essentially utilizing PQRI to transform the Medicare program from a passive payer into an active purchaser of high-quality care by linking payment to the value of care provided.

PQRI Incentive Schedule

The current incentive schedule is represented as a percentage of Medicare Part B allowed charges from services provided during the reporting period and is as follows:

Reporting period

Incentive bonus/penalty as % of allowed charges:

2010	2.00 %
2011	1.00 %
2012-2014	0.50 %
2015	-1.50 %
2016	-2.00 %

As represented by the negative percentages in the table above, Congress is still considering legislation that will potentially impose future financial penalties for failing to successfully participate in this program.

PQRI Reporting Methods

Individual EPs may choose to report information on measures through one of three options:

1. Medicare Part B claims:

The claims-based reporting method has proven to be the toughest and most costly way to participate, as PQRI-specific quality data codes must be appended manually and all eligible cases have to be identified before claims are submitted. Surveys and feedback reports have indicated a 50% success rate with claims-based reporting.

2. Qualified PQRI registry:

The registry-based reporting method was specifically introduced to make it easier for providers to participate. CMS reported a 96% reporting success rate for registry-based reporting.

3. Qualified electronic health record (EHR) product.

The EHR-based reporting method just became available last year and is still limited in that there are only 10 reportable measures for 2010. This number will likely grow in the coming years.

A recent Part B News article titled “Claims-reporting problems solved with registries” further emphasized the program’s issues with claims-based reporting, further indicating that the agency may eliminate this reporting option in the near future, as it has clearly identified registry-based reporting to be significantly superior in its efficiency and accuracy in reporting measures for EPs.

Registry Based Reporting through CompONE

CompONE has recently contracted with a registry that can perform data integration with our existing system and report PQRI measures through the more efficient and accurate PQRI registry-based reporting method.

If you used CompONE as your billing solution in 2010 and you are interested in having an analysis performed on your practice that will identify all potential measures that can be reported on and submitted to CMS for each EP in your practice, please contact David Johnston, Senior Practice Management Consultant for CompONE Services, at DJohnston@CompONEltd.com.

Interested practices will receive a report detailing all results from this analysis. The analysis will not only identify qualifying physicians and measures, but will also include a projected incentive payment amount that each physician might receive based on billed charges submitted in 2010. Depending on the results of the analysis, the next step would be for each EP to review and append, if necessary, the PQRI performance measures we have identified and then sign an agreement authorizing the release of information to CMS. Please note that the registry charges a per provider fee to cover the reporting and submission costs incurred but only for those EPs that we find eligible and choose to submit to CMS. ☐

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