
CMS' Medical Officer Explains PQRI

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One thing we bureaucrats are good at is creating acronyms that we can change at the drop of a hat. I was asked to write an article for *Medicare Patient Management* on PVRP (Physician Voluntary Reporting Program), but by the time I found the time to write the darned thing, we had replaced the PVRP of 2006 with a new initiative called the PQRI, short for the Physicians Quality Reporting Initiative. In this case, however, a lot more has changed than the acronym.

In 2006 Leslie Norwalk, acting administrator of the Centers for Medicare and Medicaid Services (CMS), wanted the agency to develop a prototype instrument for measuring quality of care delivered in the physician office. The initiative was nothing more than a proof of concept. We used 16 measures that had been developed by practicing physicians and approved by consensus organizations such as the Ambulatory Quality Alliance and the National Quality Forum. We used G-

codes (see *What's a G-code?*) so that the measures could be reported on the same claim form the doctor used to bill Medicare for the service. Congress had not budgeted any money to pay doctors for participating, and we were not surprised that relatively few medical groups actually enrolled and reported. Luckily, the handful who did participate did us all 3 great services:

1. They uncovered the fact that some billing systems could not

handle nonvalued G-codes. Software vendors were able to develop patches to address that problem.

2. They also made it clear just how few specialties had any useful quality measures at all, triggering renewed interest in quality measures development.

3. Finally, the PVRP gave CMS and the CPT editorial committee valuable experience in developing quality-measurement CPT II codes.

Then on December 20, 2006, President Bush signed the Tax Relief and Health Care Act of 2006 (TRHCA). This law includes multiple Medicare provisions, among them Title I, Section 101, which for the first time (except for small demonstration projects) allows CMS to pay physicians for reporting quality data. The funding of this initiative caught us a bit by surprise, and we have been very busy constructing a program that will pay physicians for reporting quality measures beginning July 1, 2007.

The law is quite explicit about the measures, who can participate, and how much the participants will be paid. There are 74 measures, which are listed at: www.cms.hhs.gov/PQRI/Downloads/PQRIMeasuresList.pdf. We have posted the new specifications for these measures on the PQRI Web site at: www.cms.hhs.gov/PQRI/. The specifications will list the CPT II codes

What's a G-Code?

G-codes are HCPCS (Healthcare Common Procedural Coding System) codes that were developed to enable reporting of data for the calculation of quality measures. These codes supplement the usual claims data with clinical data that can be used to measure quality of services provided to beneficiaries. Each of the quality measures is assigned a G-code.

to be used for reporting and the ICD-9 codes and CPT physician service codes specific to each of the quality measures. Although the law prohibits the introduction of any new measures in 2007, now is the time for specialty societies to work on measures for 2008.

Physicians who successfully report 3 measures on at least 80% of the patients whom they see will be paid a bonus of 1.5% of their allowed charges furnished during the reporting period July 1, 2007 through December 31, 2007. A few practices may find that they have fewer than 3 measures to report. They will be permitted to report the measures and receive the payment if they achieve the 80% threshold. Further details on the PQRI can be found in the recent *MLN Matters* article at: www.cms.hhs.gov/mlnmattersarticles/downloads/mm5558.pdf.

Times have been tough for Medicare participating physicians. Our fees are less than they were in 2001. Until Congress replaces the current law governing physician payments, that situation is not likely to change. Because of this many physicians are eager to participate in the PQRI. How can your office do it?

Step 1. Download the list of quality measures and decide which measures your practice can report. You can certainly report more than 3 measures if you wish.

Step 2. Add the measures you will report to your superbill using a simple checkbox format. Physicians can check the box for the quality measure that applies to the patient, just as they check the box for the evaluation and manage-

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ment (E and M) documentation and procedures performed during the visit.

Step 3. The practice's billing department places the PQRI codes on the 1500 form on line 24 and sends the bill to Medicare. The superbill does not need to be made part of the pa-

tient's record unless that is the protocol for the practice.

Step 4. In mid-2008 the practice will receive a check and a report containing the reporting data for the practitioner by national provider identifier (NPI). The PQRI data will not be publicly disseminated.

I have provided a thumbnail description of the PQRI, but there are links in this article that allow you to learn more. I imagine that most physicians will decide to participate. The Physicians Regulatory Issues Team (PRIT) at CMS continues to advocate for practicing physicians, and we would like to hear from physicians who have practical suggestions for making Medicare participation less burdensome. To learn more about the PRIT, visit our Web site at: www.cms.hhs.gov/PRIT/. **MPM**



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