

# Medicare Minutes

## Some 2009 PQRI Changes

The Physician Quality Reporting Initiative (PQRI) for 2008 ended on December 31, 2008. If you participated in 2008, all applicable measures must be received by February 28, 2009. The final list of qualified registries is posted on the PQRI Web site, <http://www.cms.hhs.gov/pqri/>.

The Medicare Improvements for Patients and Providers Act (MIPPA) contains several new authorities and requirements for quality reporting for 2009 and beyond. These changes include the addition of “qualified audiologists” in the definition of eligible providers. For 2009 and 2010, eligible professionals shall be paid a 2% incentive of total allowable charges submitted no later than 2 months after the end of the reporting period. The rule allows nine reporting options with some changes in the reporting options from 2008. There are two reporting periods for 2009, which include the entire year and the alternate reporting period beginning July 1, 2009, through December 31, 2009.

The final rule includes 153 quality measures for 2009. Some measures are to be reported via registry only. Several measure groups were added including coronary artery bypass graft (CABG) surgery, rheumatoid arthritis, perioperative care, and back pain.

## Reporting Experience for the 2007 Physician Quality Reporting Initiative

The Centers for Medicare & Medicaid Services (CMS) is pleased to announce the release of a new report entitled, “Physician Quality Reporting Initiative (PQRI): 2007 Reporting Experience.” The report provides a detailed analysis of the 2007 PQRI reporting experience and outlines some of the challenges and successes of the 2007

program, as well as some of the business reasons that may explain why these challenges occurred.

Specifically, the report describes several issues identified for 2007 and CMS’ plans for modifications to the analytics for the 2008 PQRI. In addition, CMS will apply these modifications to the 2007 PQRI data and re-analyze the data. CMS expects that additional eligible professionals will qualify for an incentive payment for both 2007 and 2008 based on these efforts. It is anticipated that these activities will be completed by the fall of 2009. The report is available at <http://www.cms.hhs.gov/PQRI/Downloads/PQRI2007ReportExperience.pdf> on the CMS Web site.

## Medicare Physician Fee Schedule Changes

In October 2008 CMS issued a final rule for the Medicare Physician Fee Schedule for 2009. The final rule implements a number of Medicare Improvements for Patients and Providers Act of 2008 (MIPPA) provisions that became law on July 15, 2008. Most of these changes are self-implementing and require only conforming changes, if any, to CMS regulations. Some provisions require administrative interpretation for implementation. For those provisions, CMS will accept comments on the rule and respond to them in a subsequent final rule.

*Initial Preventive Physical Examination:* In an effort to increase beneficiary access to care, section 101 of MIPPA waives the deductible for the initial preventive physical examination (IPPE), expands the types of services included in the IPPE to include discussion of end-of-life planning and body mass index assessments, and extends the timeframe for IPPE coverage to 12 months from Part B enrollment. The changes are effective for services on or after January 1, 2009.

*Authority to Cover Additional Preventive Services:* MIPPA, for the first time, authorizes the Secretary of Health and Human Services to extend coverage to additional preventive services through the national coverage determination process if the following qualifications are met:

- The Secretary determines them to be reasonable and necessary for the prevention or early detection of an illness or disability.
- They are recommended with a grade of A or B

by the United States Preventive Services Task Force, a task force of the Agency for Healthcare Research and Quality).

- They are appropriate for individuals entitled to benefits under Medicare Part A or enrolled under Part B.

*Changes to Physician Fee Schedule Payment Rates:* Section 131 of MIPPA substitutes a positive update to payment rates under the Medicare Physician Fee Schedule (MPFS) of 1.1% for the negative update that would have resulted from the application of the statutory formula that includes the sustainable growth rate.

*Ambulance Payment Changes:* Section 146 of MIPPA increases payments for ground ambulance services furnished during the period July 1, 2008, through December 31, 2009, by 3% for services originating in a rural area and by 2% for services originating in a non-rural area. It also establishes a 1.5-year “hold harmless” period from July 1, 2008, through December 31, 2009, for air ambulance services originating in an area that was switched from rural to urban under new geographic classifications that took effect January 1, 2007.

*Miscellaneous Changes Required By MIPPA:* Technical Component of Pathology Services for Hospital Patients, Section 136 of MIPPA, allows independent laboratories to bill Medicare directly for the technical component of physician pathology services furnished to hospital inpatient and outpatients until December 31, 2009, rather than requiring that it be bundled into the payment to the hospital. Exceptions to Therapy Caps, Section 141 of MIPPA, extends the exceptions process for therapy caps through December 31, 2009. Telehealth Services, Section 149 of the MIPPA, adds the following new telehealth originating sites: a hospital-based or critical access hospital-based renal dialysis center (including satellites), a skilled nursing facility, and a community mental health center, effective for services furnished on or after January 1, 2009. The “MPFS CY 2009 Final Rule with Comment” appeared in the November 19 *Federal Register* are to be effective for services on or after January 1, 2009.

The revised *Medicare Physician Guide: A Resource for Residents, Practicing Physicians, and Other Health Care Professionals* (October 2008), which offers general information about the Medicare Program, becoming a Medicare provider or supplier, Medicare reimbursement, Medicare payment policies, evaluation and management services, protecting the Medicare Trust Fund, inquiries, overpayments, and appeals, is now available in downloadable format from the CMS’ Medicare

Learning Network at <http://www.cms.hhs.gov/MLNProducts/downloads/physicianguide.pdf>.

## Medicare Physicians and Nonphysician Practitioners Internet-based Medicare Enrollment Available

The Internet-based Provider Enrollment, Chain, and Ownership System (PECOS) will allow physicians and nonphysician practitioners to enroll, make a change in their Medicare enrollment, view their Medicare enrollment information on file with Medicare, and check on the status of a Medicare enrollment application via a secure Internet. It is available in the District of Columbia and 15 states (DE, ID, IL, IA, KS, MN, MO, NE, MD, MI, NJ, NC, PA, TN, WI). To enroll, go to <https://pecos.cms.hhs.gov>. By the time this issue is published all states may have access.

For more information, see [www.cms.hhs.gov/MedicareProviderSupEnroll](http://www.cms.hhs.gov/MedicareProviderSupEnroll).

## Electronic Prescribing Incentive Program Update

Specifications for the electronic-prescribing (E-Prescribing) measure, which will be used to determine whether an eligible professional is a successful E-Prescriber and may qualify for a 2% incentive payment for the 2009 reporting period, have been posted to the CMS Web site at [http://www.cms.hhs.gov/PQRI/03\\_EPrescribingIncentiveProgram.asp#TopOfPage](http://www.cms.hhs.gov/PQRI/03_EPrescribingIncentiveProgram.asp#TopOfPage).

An eligible professional does not have to enroll to participate in the E-Prescribing Incentive Program. Furthermore, an eligible professional does not need to participate in PQRI to participate in this incentive program.

Beginning January 1, 2009, eligible professionals may participate in the E-Prescribing Incentive Program by submitting information required by the E-Prescribing measure on their Medicare Part B claims.

Detailed information on the implementation of the E-Prescribing Incentive Program for 2009 may be found in the final 2009 MPFS rule with comment period that was published in the *Federal Register* on November 19, 2008. A copy of the final rule with comment period is on display at the Federal Register and can be viewed at <http://www.cms.hhs.gov/center/physician.asp> on the CMS Web site.

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