The Physician’s Quality Reporting Initiative (PQRI)

Getting your Hospitalist Program Started in Medicare’s Voluntary Pay for Reporting Program

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Chair, SHM Performance & Standards Committee
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PQRI: Agenda

- CMS and Value-based Purchasing
- PQRI Participation:
  - Performance Measures
  - Reporting Process
  - Bonus and Feedback Reports
- Future Considerations
CMS Quality Agenda:

Transforming Medicare from a \textit{passive payer} to an \textit{active purchaser} of higher quality, more efficient health care

\hspace{1cm} \downarrow

\textbf{Value-Based Purchasing:}
payment based on quality

\hspace{1cm} \downarrow

\textbf{Tools and initiatives for promoting better quality, while avoiding unnecessary costs}

\hspace{1cm} \downarrow

\textbf{Physician Quality Reporting Initiative:}
physician-level, voluntary pay for reporting program
PQRI: Statutory Authority

2006 Tax Relief and Health Care Act (TRHCA)
- Defines Eligible Professionals and Successful Reporting
- 1.5% Bonus Payment and Feedback Reports
- 74 Performance Measures

2007 Medicare, Medicaid and SCHIP Extension Act (MMSEA)
- Continued Authorization
- 119 Performance Measures

2008 Medicare Improvement for Patients and Providers Act (MIPPA)
- 2% Bonus Payment
- 153 Performance Measures
- Now Permanent Part of Medicare
PQRI Participation Basics:

1. Select Performance Measures
2. Implementation and Documentation of Measures
3. Performance Reporting
4. Bonus
5. Feedback Reports
Performance Measure Specifications

• **Numerator:**
  – **Process:** evidence based diagnostic or therapeutic intervention
  – **Outcome:** survival, biologic status of patient
  – Unique CPT Category II Performance Code

• **Denominator:**
  – Defines eligible population and exclusions
  – ICD 9 Code plus E&M Service Code
2010 PQRI Performance Measures for Hospitalists (6)

5. ACE/ARB for Heart Failure
31. Stroke: DVT Prophylaxis
32. Stroke: Discharged on Antiplatelet Therapy
35. Stroke: Screening for Dysphagia
36. Stroke: Consideration of Rehab
47. Advance Care Plan
Performance Measure
Implementation and Documentation

Admission (H&P)
• Advance Care Plan
• Stroke: DVT Prophylaxis
• Stroke: Dysphagia Screening

Discharge (DC Sum)
• ACE/ARB for Heart Failure
• Stroke: Antiplatelet Therapy
• Stroke: Consider Rehab
PQRI Reporting

• Reporting Threshold
  – at least 3 measures must be reported
  – at least 80% of the cases in which the measure was reportable

• Claims-based using **CPT Category II Codes**
  – Developed by the AMA to “mirror” performance measures
  – Facilitates reporting at time of service (rather than retrospective chart review)
Taxonomy of CPT II Codes

- 0000F Composite Measures
- 0500F Patient Management
- 1000F Patient History
- 2000F Physical Examination
- 3000F Diagnostic Processes/Results
- 4000F Preventive and Other Interventions
- 5000F Follow-Up and Other Outcomes
- 6000F Patient Safety
CPT II Exclusion Modifiers

1P Exclusion due to **Medical Reasons**
   • Not indicated or contraindicated

2P Exclusion due to **Patient Reasons**
   • Patient declined

3P Exclusion due to **System Reason**
   • Resources not available
   • Insurance limitations

8P Exclusion due to **Reporting Reasons**
## CLINICAL

1. During a visit, patient is identified as **eligible for reporting** based on clinical condition

2. Eligible professional documents medical record and documentation fulfills measure requirements

## ADMINISTRATIVE

3. **Quality code associated with the measure is** captured for claims submission process

4. **Billing staff** enter quality-code data on claims in the same location used for other HCPCS code reporting:
   - **837 Electronic Claims**: SV1 “Professional Service” Segment of the 2400 “Service Line” Loop, SV101-1, SV101-2
   - **CMS 1500**: Field 24D
PQRI Reporting Example

**Measure #47 Advance Care Plan**

**Description:** Percentage of patients aged 65 years and older with documentation of a surrogate decision-maker or advance care plan in the medical record.

**Eligible Cases (Denominator):**
- No ICD-9 required
- E & M 99221, 99222, 99223 (numerous others)

**Reporting Options (Numerator):**
- 1123F: Surrogate decision maker or advance care plan documented
- 1124F: Not documented for patient reasons
- 1123F-8P: Reporting exclusion
PQRI Reporting Example
Measure #47 Advance Care Plan

History and Physical:
– Surrogate decision maker or advance care plan documented.

HCFA 1500, line 24D:
– Denominator:
  – E&M Service Code 99221, 99222, or 99223 (necessary to get paid)
– Numerator:
  – CPT II Performance Code 1123F
IMPRESSION:
1. Exertional dyspnea. Suspect this is chronic bronchitis and COPD causing acute on chronic respiratory failure
2. Hypoxemia
3. Chronic venous stasis of the lower extremities
4. Spinal stenosis and chronic back pain
5. Hyperlipoproteinemia
6. Gastroesophageal reflux disease

PLAN:
Please see the Physician's Orders dated today for the complete plan. Case discussed with Dr. Complete PFTs and room air ABG. Supplemental oxygen. Bronchodilator treatments and began Advair. Consult pulmonary for further evaluation suggestions. 2D Echo to rule out LV dysfunction suggestive of underlying heart failure, although this is doubtful. She will likely need home O2. Counseling about tobacco cessation and provide Habitrol patches. Otherwise reinstate her home medical regimen. DVT prophylaxis with enoxaparin subcutaneous. Advance care plan reveals that she does not have an advanced directive or Living Will. Her daughter would be the surrogate decision maker.
PQRI Bonus Calculation Example:

*SHM Median Gross Charges $367,000
Medicare % of Payer Mix .33
Medicare Allowed Charges $121,110

2% of Allowed Charges $2,422

*SHM 2007 – 2008 Survey
PARTICIPATION IN PQRI IS AT THE INDIVIDUAL NATIONAL PROVIDER IDENTIFIER (NPI) LEVEL WITHIN A TAX ID. ALL PART B MEDICARE CLAIMS SUBMITTED WITH PQRI QUALITY DATA CODES FOR SERVICES FURNISHED FROM JULY 1, 2007 TO DECEMBER 31, 2007 WERE ANALYZED TO DETERMINE WHETHER THE ELIGIBLE PROFESSIONAL EARNED A PQRI BONUS INCENTIVE. THE RESULTS BELOW ARE THE INDIVIDUAL NPI'S REPORTING CALCULATIONS FOR EACH MEASURE. THERE WILL BE ONE NPI REPORTING DETAIL REPORT FOR EACH NPI WHO COULD HAVE REPORTED PQRI MEASURES UNDER THIS TAX ID. MORE INFORMATION REGARDING THE PQRI PROGRAM IS AVAILABLE ON THE CMS WEBSITE, WWW.CMS.HHS.GOV/PQRI.

**Table 2: NPI Reporting Detail**

*Sorted by reporting rate and subsorted by opportunities to report*

**Tax ID Name: ST TAMMANY PARISH HOSPITAL**

<table>
<thead>
<tr>
<th>NPI</th>
<th>NPI Name</th>
<th>Earned Incentive</th>
<th>Measures Eligible</th>
<th>Measures Reported</th>
<th>Measures Satisfactorily Reported (≥80%)</th>
<th>NPI Total Earned Incentive Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Not Available</td>
<td>Yes</td>
<td>Reported Satisfactorily</td>
<td>10</td>
<td>4</td>
<td>3</td>
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</tbody>
</table>

**Reporting Information**

<table>
<thead>
<tr>
<th>Measure Statement (Measure #)</th>
<th>Opportunities to Report</th>
<th>Reported Instances</th>
<th>Reporting Rate</th>
<th>Measure Validation Clinical Focus Area*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stroke and Stroke Rehabilitation: Screening for Dysphagia (#35)</td>
<td>1</td>
<td>1</td>
<td>100.0%</td>
<td>Stroke (stroke management cluster)</td>
</tr>
<tr>
<td>Stroke and Stroke Rehabilitation: Deep Vein Thrombosis Prophylaxis (DVT) for Ischemic Stroke or Intracranial Hemorrhage (#31)</td>
<td>1</td>
<td>1</td>
<td>100.0%</td>
<td>Stroke (stroke management cluster)</td>
</tr>
<tr>
<td>Stroke and Stroke Rehabilitation: Tissue Plasminogen Activator (t-PA) Considered (#34)</td>
<td>1</td>
<td>1</td>
<td>100.0%</td>
<td>Stroke (stroke management cluster)</td>
</tr>
<tr>
<td>Advance Care Plan (#47)</td>
<td>103</td>
<td>47</td>
<td>45.6%</td>
<td>N/A</td>
</tr>
<tr>
<td>Oral Antiplatelet Therapy Prescribed for Patients with Coronary Artery Disease (CAD) (#6)</td>
<td>2</td>
<td>0</td>
<td>0.0%</td>
<td>N/A</td>
</tr>
<tr>
<td>Stroke and Stroke Rehabilitation: Consideration of Rehabilitation Services (#36)</td>
<td>1</td>
<td>0</td>
<td>0.0%</td>
<td>Stroke - Discharge/Transition</td>
</tr>
<tr>
<td>Aspirin at Arrival for Acute Myocardial Infarction (AMI) (#28)</td>
<td>1</td>
<td>0</td>
<td>0.0%</td>
<td>N/A</td>
</tr>
</tbody>
</table>

Caution: This report may contain a partial or “masked” Social Security Number (SSN/SSAN) as part of the Tax ID Number (TIN) field. Care should be taken in the handling and disposition of this report to protect the privacy of the individual practitioner this SSN is potentially associated with. Please ensure that these reports are handled appropriately and disposed of properly to avoid a potential Personally Identifiable Information (PII) exposure or Identity Theft risk.
### Find a Physician

<table>
<thead>
<tr>
<th>Name</th>
<th>PATRICK TORCSON, MD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Specialty</td>
<td>Internal Medicine</td>
</tr>
<tr>
<td>Education</td>
<td>LOUISIANA STATE UNIVERSITY SCHOOL OF MEDICINE IN NEW ORLEANS - Graduated 1987</td>
</tr>
<tr>
<td>Gender</td>
<td>Male</td>
</tr>
<tr>
<td>Hospital Affiliation(s)</td>
<td>Saint Tammany Parish Hospital</td>
</tr>
<tr>
<td>Practicing Location(s)</td>
<td>2 location(s) - View all practicing locations</td>
</tr>
</tbody>
</table>

**Your Search Criteria**

- **Provider**: Physician
- **Type**: Name Search
- **Last Name**: Torcson
- **State**: Louisiana
- **Specialty**: Internal Medicine
- **Status**: Participating and non-participating physicians

**Table View of Practicing Locations**

<table>
<thead>
<tr>
<th>Address and Maps</th>
<th>Contact Information</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>1202 SOUTH TYLER COVINGTON, LA 70434</td>
<td>(985) 898-4158</td>
<td></td>
</tr>
</tbody>
</table>

*Click here to show the map view of the practicing locations*
*Click here to hide the table view of the practicing locations*

*Icons:*

- This icon indicates a physician participates in Medicare

Participating physicians agree to accept assignment on all claims. These physicians may only bill you your share of the costs (deductible and coinsurance amounts). Medicare pays the physician directly.
Benefits of PQRI Participation

• You will receive confidential feedback reports to support quality improvement

• You may earn a bonus incentive payment

• You will be making an investment in the future of your practice
  – *Prepare* for higher bonus incentives over time
  – *Prepare* for pay for performance
  – *Prepare* for public reporting of performance results
PQRI Future Considerations:

• More measures for hospitalist reporting
  – Transitions of care
  – Heart failure
• More bonus $$$
• Penalty for non-participation
• EHR and Registry reporting options
• Platform for actual pay for performance
More Information:

- CMS Website:
  http://www.cms.hhs.gov/pqri/

- AMA Website:
PQRI and Hospitalists

Summary:

• 6 performance measures for hospitalists
• Claims based reporting with CPT II Codes
• Registry and EHR options
• Bonus of 2% of Total Allowable Medicare Charges
  – Estimate $2,422 for hospitalists
• Platform for future physician-level pay for performance