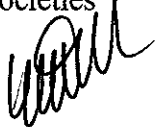




Michael D. Maves, MD, MBA, Executive Vice President, CEO

Memo to: Executive Directors
State Medical Associations
County Medical Associations
National Medical Specialty Societies

From: Michael D. Maves, MD, MBA 

Date: April 22, 2008

Subject: Alternative Reporting Periods and Criteria for 2008 PQRI

On April 16, 2008, CMS announced the establishment of alternative reporting periods and criteria for satisfactorily reporting quality measures under the 2008 Physician Quality Reporting Initiative (PQRI). These changes, authorized by the Medicare, Medicaid, and SCHIP Extension Act of 2007 (MMSEA) (P.L. 110-173), establish the following:

- Alternative reporting periods and alternative criteria for satisfactorily reporting measures groups (list attached) related to diabetes, end-stage renal disease, chronic kidney disease, and preventive care; and
- Alternative reporting periods and alternative criteria for satisfactorily reporting through registry-based reporting.

New Options for Satisfactorily Reporting

The new reporting changes provide eight additional options for physicians to report on quality measures under the 2008 PQRI.

Claims-based reporting of PQRI quality measures

Physicians who already participate in the 2008 PQRI through the claims-based process can continue to do so through the end of the year by reporting on up to 3 measures for 80 percent of their eligible patients for the period of January 1, 2008 through December 31, 2008.

Under the revised options for satisfactorily reporting, a new claims-based reporting period of July 1, 2008 through December 31, 2008 has been added that allows physicians to:

- Report on one measures group on a minimum of 15 consecutive patients; or
- Report on one measures group on 80 percent of their applicable cases.

Registry-based reporting of PQRI quality measures

Per the 2008 Medicare Physician Fee Schedule Final Rule, CMS is already testing the submission of PQRI measurement data through registries. Currently, there are 12 registries in the pilot test, which ends August 31, 2008. The new options for reporting quality measures under the 2008 PQRI now allow registries to receive payment for reporting quality measurement data to CMS. The agency will post technical and other registry requirements by April 30, 2008 on the CMS website. All registries may apply, as participation is not limited to those registries in the pilot test. Qualifying registries will be posted to the CMS website by August 31, 2008, and registry-based data submissions to CMS for payment will begin after completion of 2008 registry testing.

For the reporting period of January 1, 2008 through December 31, 2008, physicians can:

- Report on a minimum of 3 PQRI measures on 80 percent of their applicable cases;
- Report on one measures group on 80 percent of their applicable cases; or
- Report on one measures group on a minimum of 30 consecutive patients.

For the reporting period of July 1, 2008 through December 31, 2008, physicians can:

- Report on a minimum of 3 PQRI measures on 80 percent of their applicable cases;
- Report on one measures group related to 80 percent of their applicable cases; or
- Report on one measures group on a minimum 15 consecutive patients.

(If physicians choose either of the above three options, they will receive a .75 percent bonus, rather than 1.5 percent).

To view the program memorandum outlining the alternative reporting periods and specific reporting criteria, please visit:

<http://www.cms.hhs.gov/PQRI/Downloads/2008PQRIalterrptperiods.pdf>

In an effort to seek clarification regarding the additional opportunities for satisfactorily reporting on PQRI quality measures, the AMA convened a specialty society briefing last Friday with Dr. Michael Rapp, Director of the CMS Quality Measurement Group. According to Dr. Rapp, the additional reporting periods and alternative criteria for satisfactorily reporting through registries are designed to boost doctor participation in the program, as well as generate more data on the quality of physician services in Medicare.

CMS will host a PQRI National Provider call on Wednesday, April 30 at 1:30 pm ET to review the new opportunities for satisfactorily reporting under the 2008 PQRI. In addition, CMS will post a *MLN Matters* article providing more detailed information on how to participate in the additional reporting options under the 2008 PQRI. Any additional updates, including requirements for data registries to qualify to submit data for 2008, will be posted on the CMS PQRI website located at www.cms.hhs.gov/PQRI.

Attachment

Attachment

CMS Designated Measure Groups for 2008 PQRI

For 2008, there are four measures groups: Diabetes Mellitus, End-Stage Renal Disease (ESRD), Chronic Kidney Disease (CKD), and Preventive Care. Each of the measures groups contains at least four PQRI measures. Eligible professionals electing to report a group of measures must report all measures in the group that are applicable to the patient. The measure groups are composed of the following PQRI measures:

Diabetes Mellitus:

- Measure Number 1 – Hemoglobin A1c Poor Control in Type 1 or 2 Diabetes Mellitus
- Measure Number 2 – Low Density Lipoprotein Control in type 1 or 2 Diabetes Mellitus
- Measure Number 3 – High Blood Pressure Control in Type 1 or 2 Diabetes Mellitus
- Measure Number 117 – Dilated Eye Exam in Diabetic Patient
- Measure Number 119 – Urine Screening for Microalbumin or Medical Attention for Nephropathy in Diabetic Patients

End Stage Renal Disease (ESRD):

- Measure Number 78 – Vascular Access for Patients Undergoing Hemodialysis
- Measure Number 79 – Influenza Vaccination in Patients with ESRD
- Measure Number 80 – Plan of Care for ESRD Patients with Anemia
- Measure Number 81 – Plan of Care for Inadequate Hemodialysis in ESRD Patients

Chronic Kidney Disease (CKD):

- Measure Number 120 – ACE Inhibitor or Angiotensin Receptor Blocker (ARB) Therapy in Patients with CKD
- Measure Number 121 – CKD: Laboratory Testing (Calcium, Phosphorus, Intact Parathyroid Hormone (iPTH) and Lipid Profile)
- Measure Number 122 – CKD: Blood Pressure Management
- Measure Number 123 – CKD: Plan of Care: Elevated Hemoglobin for Patients Receiving Erythropoiesis-Stimulating Agents (ESA)

Preventive Care:

- Measure Number 39 – Screening or Therapy for Osteoporosis for Women Aged 65 Years and Older
- Measure Number 48 – Assessment of Presence or Absence of Urinary Incontinence in Women Aged 65 Years and Older
- Measure Number 110 – Influenza Vaccination for Patients > 50 Years Old
- Measure Number 111 – Pneumonia Vaccination for Patients 65 Years and Older
- Measure Number 112 – Screening Mammography
- Measure Number 113 – Colorectal Cancer Screening
- Measure Number 114 – Inquiry Regarding Tobacco Use
- Measure Number 115 – Advising Smokers to Quit
- Measure Number 128 – Universal Weight Screening and Follow-Up