

PQRI: Frequently Asked Questions

Q: What is the Medicare PQRI?

A: The Physician Quality Reporting Initiative (PQRI) is a voluntary pay-for-reporting program in Medicare. It offers a financial incentive to physicians and other eligible professionals who successfully report quality measures related to services provided under the Medicare Physician Fee Schedule between January 1 and December 31, 2010.

Q: Who is eligible to participate in the PQRI?

A: Eligible Providers include physicians and other professionals (e.g., physician assistants, nurse practitioners, chiropractors, physical therapists) who provide services paid under the Medicare Physician Fee Schedule.

Q: When does the PQRI begin?

A: The reporting period for the 2010 PQRI begins on January 1, 2010, for covered services provided to Medicare beneficiaries between January 1 and December 31, 2010, and paid under the Medicare Physician Fee Schedule.

Q: Is participation mandatory?

A: No, participation in the PQRI is voluntary.

Q: What are the incentives for participation in the PQRI?

A: A PQRI participant who reports successfully will be eligible for a bonus payment of 2.0 percent of the total Medicare Physician Fee Schedule allowed charges for services provided during the reporting period. In addition, participants will receive confidential feedback reports on the data reported.

Q: Do I need to register to participate?

A: Registration is not required. To participate in the 2010 PQRI, physicians and other eligible professionals need to select the quality measures applicable to their patient panels and report on these measures by submitting the specified quality-data codes on claims for services paid under the Medicare Physician Fee Schedule and provided between January 1 and December 31, 2010.

Q: How many quality measures are in the PQRI?

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A: There are 153 quality measures and 7 measures groups in the 2010 PQRI program. For a complete listing, see: www.cms.hhs.gov/pqri

Q: What quality measures are available for neurologists in the PQRI?

A: In the 2010 PQRI program, there are approximately twenty-two measures which could potentially pertain to neurologists with eight quality measures related to stroke care, one for adoption of an EHR and several others which are more general in nature. A consolidated list of neurology-specific PQRI quality measures and specifications is online at: www.aan.com/p4p.

Q: If I do not treat stroke patients, can I still participate?

A: Yes, review the 2010 PQRI quality measures (online at: www.cms.hhs.gov/pqri) to see if there are other measures applicable to your patient population. Keep in mind that successful reporting is contingent on submission of data for the selected measure in at least 80 percent of the eligible cases.

Q: How were these measures developed?

A: Through the AMA's Physician Consortium for Practice Improvement (PCPI), the AAN served as a lead organization in the development of the eight evidence-based stroke measures. These measures were subsequently approved and endorsed by the AQA alliance and the National Quality Forum (NQF) for inclusion in the 2010 PQRI.

Q: How do I report on the quality measures I select?

A: All reporting for the PQRI program is claims-based. CPT Category II codes (or temporary G-codes where CPT II codes are not available) will be used for reporting quality measure data. Quality codes, which supply the measure numerator, must be reported on the same claim as the payment codes, which supply the measure denominator.

Q: What are the rules for participation?

A: To be eligible for the bonus payment, a participant must report on at least three quality measures for at least 80 percent of the cases in which the measure was reportable. If, however, it is determined that reporting occurred less than 80 percent of the time for any one of the selected measures, the participant would be ineligible for the bonus payment.

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Q: What if I have fewer than 3 quality measures applicable to my practice?

A: Participants only having one or two applicable quality measures are still eligible for the bonus if they report on those measures at least 80 percent of the time.

Q: How will the bonus payment be calculated?

A: Participants who successfully report in the PQRI may earn a 2.0 percent bonus. The bonus is based on total allowed charges for covered professional services billed under the Physician Fee Schedule furnished during the reporting period. Claims must reach the National Claims History (NCH) file by February 28, 2011.

Q: When will the bonus be paid?

A: The potential 2.0 percent incentive payment will be paid in mid-2011 as a lump-sum bonus payment made to the practice at the Taxpayer Identification Number (TIN) level.

Q: How will CMS use the data collected from my reporting?

A: CMS will provide confidential feedback reports to PQRI participants in mid-2011. Quality data reported under the 2010 PQRI will be publicly reported.

Q: What should I consider before deciding whether or not to participate in the PQRI?

A: Participation is voluntary in 2010; however, there is a good chance that Congress may make participation mandatory in the future. The PQRI is a first step toward linking Medicare health professionals' payments to quality, which is expected to evolve over time into a value-based purchasing or pay-for-performance program.

Review the quality measures to see which are applicable to your practice. See if there are measures you could start reporting on by January 1, 2010. Start to think about the changes you would need to make to report this data. To get a sense of your potential bonus, look at your total Medicare claims submitted during January 1 – December 31, 2010 and multiply by 2.0 percent.

Q: Does the AAN have any resources available to help my office prepare for PQRI?

A: Yes. To see a list of current resources, go to the AAN's webpage dedicated to pay-for-performance topics at: www.aan.com/p4p.

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Q: What is the AAN's position on the PQRI program?

A: The AAN does not have a formal position on PQRI. However, the AAN is committed to providing members with the information needed to make informed decisions about participation. Given that programs like PQRI exist, the AAN is also committed to participate in the processes that determine the quality measures that are or will be applied to neurologists.

Q: What objectives did Congress have for the PQRI program?

A: The PQRI is a first step toward linking Medicare health professionals' payments to quality, which is consistent with Medicare's ongoing transformation from passive payer to active purchaser of high-value health care.

Q: Have a question that was not answered?

A: E-mail us at p4p@aan.com