

CMS Pay-for-reporting Payments Distributed Soon

Feedback reports and payments for 2007 participation in the Centers for Medicare & Medicaid Services (CMS) quality measures reporting program are scheduled to be distributed in early August.

CMS released information on the number of practices reporting on individual measures for the program, called the Physician Quality Reporting Initiative (PQRI). While the data released was not specialty specific, some conclusions can be made regarding the participation by neurologists. For instance, the performance measure related to consideration for t-PA administration had a success rate of 63.25 percent for the 498 NPIs reporting that measure. Not all instances of reporting were accepted due to errors made in the reporting process, which could include incorrect ICD-9 or CPT codes for the measure or reporting incorrectly for a measure with specific age or gender parameters. It can be assumed that a majority of these cases were reported by neurologists as they most often make this decision and administer the medication if appropriate.

In the case of the performance measures related to stroke, the most frequently reported measure dealt with the evaluation of whether patients with stroke/TIA were discharged on antiplatelet therapy. This represented 974 national provider numbers and/or tax identification numbers, for a success rate of 45.38 percent. The stroke measures also had a relatively low percentage of reporting errors. Though the actual reporting of the measure pertaining to discharge on anticoagulation therapy for atrial fibrillation was small, there was a successful reporting rate of 100 percent and an error rate of only 4.92 percent.

Of the 631,110 providers eligible to submit claims under the PQRI, 99,319 attempted to report (15.74 percent). Of those attempting to report, approximately 93 percent did so successfully. The average number of measures attempted was greater than 3 at 3.38.

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—James C. Stevens, MD, FAAN



“We are hopeful that more neurologists are taking part in the 2008 program and that the numbers grow over time,” said Practice Committee and Pay-for-Performance Work Group Chair James C. Stevens, MD, FAAN, who participated in the program. “In addition to the financial incentive to participate in this program, participation gives neurologists an opportunity to evaluate the program and give feedback on what needs to be changed. These stroke measures were developed by AAN members based on evidence, so they are truly aimed at improving care for patients.”

The report also looked at whether participants reported on the measure for all eligible cases. For the antiplatelet measure, participants reported on 58 percent of eligible cases. For the anticoagulant measure, participants reported on 100 percent of eligible cases. To qualify for the financial incentive, participants needed to report on at least three measures for 80 percent of eligible cases seen in their practice. For 2008, the cap on the amount of bonus earned has been removed.

The AAN is collecting information from participants about the program. Those who participated in the reporting program should contact Gina Gjordav at ggjordav@aan.com or (651) 695-2715.

Recovery Audits Expand Nationally, Increasingly Affect Neurologists

It has been estimated that Medicare over- or underpays providers as much as \$10.8 billion a year. To help correct this, the Medicare Modernization Act of 2003 required the Centers for Medicare and Medicaid Services (CMS) to perform a pilot test of Recovery Audit Contractors (RAC). The three-year demonstration project in California, Florida, and New York returned \$247.4 million to the Medicare Trust Fund. Another \$14.3 million in underpayments to providers were corrected.

In March 2008, the program expanded to nearly 20 additional states. Academy members need to pay attention, according to Laura B. Powers, MD, FAAN, chair of the Medical Economics and Management Committee. “It is important that Academy members do not ignore an RAC letter they receive requesting charts; and it is equally as important that they not miss their opportunity to appeal any RAC decisions. The Academy wants to know about any trouble members are having with this process and invites members to submit

grievances so that we can alert CMS to ways to improve the system and make it less burdensome for physicians.”

Members can learn more about the RAC program at www.aan.com/RAC. If you have problem with an RAC—or with the audit program in general—contact Corinn Sagsveen at csagsveen@aan.com.