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QUALITY REPORTING INITIATIVE WILL HELP IMPROVE HEALTH CARE FOR BENEFICIARIES AND PROVIDE INCENTIVES FOR ELIGIBLE PROFESSIONALS

The Centers for Medicare & Medicaid Services (CMS) today announced steps it is taking to encourage physicians and other eligible professionals to take part in the Physician Quality Reporting Initiative (PQRI), a program designed to improve the quality of care provided to Medicare beneficiaries. These steps, including a variety of new reporting options, will make it easier for eligible professionals to participate and receive feedback on their performance.

“By providing more opportunities to submit information about the quality of care provided to Medicare beneficiaries, we will ultimately improve the services provided to our beneficiaries,” said CMS Acting Administrator Kerry Weems. “The Physician Quality Reporting Initiative puts an emphasis on measuring and improving the performance of the health care system to reduce inappropriate care and encourage best practices in care.”

Implemented in 2007, the PQRI creates a quality reporting system that includes an incentive payment for satisfactorily reporting data on quality measures for covered professional services delivered to Medicare beneficiaries. The PQRI was originally authorized by the Tax Relief and Health Care Act of 2006.

Under the 2007 PQRI, eligible professionals who satisfactorily reported data on quality measures for covered professional services provided during the second half of 2007 will receive an incentive payment in mid-2008. This payment is subject to a cap. The payment will be 1.5 percent of their total allowed charges for covered services during the reporting period.

The 2008 PQRI Program allows the use of 119 measures that were published in the Physician Fee Schedule for 2008. Of that number, 117 are clinical performance measures, developed by leading physician organizations, such as the percentage of patients who received necessary cancer screenings and flu shots, and two are structural measures. The two structural measures focus on the use of electronic health records and electronic prescribing technology.

In late 2007, Congress made changes to the program with the passage of the Medicare, Medicaid, and SCHIP Extension Act of 2007. The statute authorizes PQRI transitional bonus incentive payments in 2008, and requires the Secretary to establish alternative criteria for satisfactorily reporting and alternative reporting periods for both the reporting of groups of measures and the use of registry-based reporting. For 2008, in addition to submitting PQRI measure data as part of

their Medicare claims submissions, eligible professionals may report data on quality measures to a medical registry, and these registries will then report that data to CMS.

In addition to providing new flexibility for submitting data, registry-based reporting will provide more ways for eligible professionals to qualify for an incentive payment. Participating eligible professionals can choose to report data on either individual measures or on groups of measures that capture a number of data elements about common care processes for diabetes, kidney disease, and preventive medicine.

Another change under the enhanced PQRI program for 2008 will be new PQRI reporting periods for eligible professionals who report using measures groups. Participants may now start reporting in July 2008 and still be eligible to earn an incentive payment for the 2008 PQRI program. Details about how an eligible professional can qualify for an incentive payment under this new option are available at www.cms.hhs.gov/PQRI.

The preliminary participation data indicates that PQRI has had a successful start. In 2007, over 100,000 eligible professionals submitted quality measure data at least once. Participation rates have continued to increase over time. CMS believes that more than half of the eligible professionals who participated in PQRI in 2007 appear to be on track to receive an incentive payment.

“We are encouraged by the success of the program so far, and with the new options for data reporting, more health professionals should take advantage of the reporting program,” said Weems. “These new options will help all health care stakeholders take the positive steps necessary to ensure that beneficiaries continue to get high quality care.”

The PQRI is a part of the President’s Value-driven Health Care Agenda aimed to address current problems in the health care sector regarding preventable errors, uneven quality of care, and the rising health care costs. The new methods of reporting, and the two structural measures, can help accelerate the use of health information technology, a high priority for the Administration, to assess and improve quality of care.

For more information about the program, including how eligible professionals can participate and the criteria to qualify for an incentive payment, go to www.cms.hhs.gov/PQRI.

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