Part B Insider (Multispecialty) Coding Alert

PQRI: CMS Proposes Making PQRI Reporting Easier in 2011

Plus: CMS reveals common errors from previous PQRI quarters.

Collecting your PQRI bonus could get quite a bit easier next year.

That's the word from a July 20 CMS-sponsored PQRI national provider call, where Medicare analysts indicated that CMS is proposing to revise the claims-based reporting criteria so that you'll have to report at least three PQRI measures (or 1 to 2 measures if fewer than 3 apply) for at least 50 percent of applicable Part B patients seen during the reporting period.

That's down from the 80 percent threshold that's currently in place.

For registry and EHR-based reporting, you'd still have to report at least three measures for at least 80 percent of applicable patients, according to the 2011 proposal, said CMS's **Aucha Prachanronarong** during the July 20 call.

CMS reps elucidated several proposed changes that could take effect in January, thanks to changes recommended as part of the 2011 Medicare Physician Fee Schedule Proposed Rule.

Measures groups: If the proposal becomes final, eligible professionals that report measures groups using the registrybased reporting mechanism will no longer be able to report on non-Medicare fee-for-service patients, the proposal indicates.

In 2011, the PQRI proposes offering a 1 percent incentive payment for eligible professionals and group practices that satisfactorily report, Prachanronarong noted during the call.

CMS has also proposed that in 2011, you'll be able to report using claims, a qualified registry, or a qualified EHR, Prachanronarong noted, and a list of qualified registries and EHRs will be available for the 2011 PQRI on the CMS Web site.

E-Prescribing Incentive Payment Not Applicable to Those Receiving EHR Incentive

Next year, you can collect an incentive payment for successfully e-prescribing, but you can't double dip.

"For 2011, there is a 1 percent incentive payment available to eligible professionals who are successful electronic prescribers, as well as group practices," Prachanronarong noted. "The incentive payment, however, is not available to eligible professionals who received an incentive payment from the EHR incentive program for 2011," she added.

CMS has not changed the reporting mechanisms for successful e-prescribing criteria for 2011. "As in 2010, an eligible professional would have to report the electronic prescribing measure using one of these data submission methods 25 times during the reporting period in order to be considered a successful electronic prescriber," Prachanronarong said.

Plus: At least 10 percent of an eligible professional's charges must be based on codes in the denominator of the measure to qualify as a successful e-prescriber.

The CMS proposed rule, which outlines all of the proposals for 2011, can be viewed at http://edocket.access.gpo.gov/2010/pdf/2010-15900.pdf. CMS is accepting comments on the rule until August 24.

Diagnosis Codes Matter in PQRI

CMS periodically releases error report information, which offers insight into which errors CMS finds among PQRI reports, and you should avoid these errors if you want to successfully collect PQRI bonuses.

For instance, if a provider submits a PQRI quality data code for a diabetes measure and the diagnosis linked to the claim is coronary artery disease and not diabetes, the PQRI measure would be considered "invalid," said CMS's **Michael Rapp, MD,** during the call. Currently, CMS sees an almost 82 percent accurate submission rate, which means that only about 18 percent of PQRI claims using the claims-based reporting system are reported inaccurately, Rapp said.

Common errors: Otitis media with effusion had the highest error rate for patient age, Rapp said, while urinary incontinence had the highest error rate for gender among the measures. You'll be able to find the recent PQRI error reports on the CMS Web site at www.cms.gov/PQRI/25_AnalysisAndPayment.asp#TopOfPage.