

Part B Insider (Multispecialty) Coding Alert

QUALITY REPORTING: Less Than 2 Months Remain To Win 1.5 Percent Bonus

Educate your staff and perform a test run soon

Are you ready to throw away thousands of dollars? If not, you-d better start figuring out quality reporting right away.

Heads up: Time is running out to prepare for the Physician Quality Reporting Initiative (PQRI). Phy-sician practices that start too long after the July 1 launch date probably won't report enough quality codes to make the 1.5 percent bonus, officials from the **Centers for Medicare & Medicaid Services** (CMS) warned.

How it works: Every physician who reports on quality measures at least 80 percent of the time that they apply to his or her patients will receive a bonus next year. The bonus will consist of up to 1.5 percent of the total amount each doctor billed Medicare from July 1 to Dec. 31. CMS will apply a -cap- to the bonus for doctors who don't report quality measures very often.

How you should prepare: Now's the time to figure out which quality measures apply to your patients. CMS has posted a list of all of the 74 quality measures, along with detailed specifications, at www.cms.hhs.gov/pqri. You should consider which conditions your practice treats, and the type of care your practice provides: preventive, chronic, acute.

Also, you should consider your office's quality-improvement goals, CMS official **Susan Nezda** told an April 19 conference call on the PQRI.

You should be modifying your office and billing systems, Nezda added. You need to figure out which role each member of your team will play in the reporting process, and educate all of your staff. You can use tools like worksheets, encounter forms and screen templates to capture the data.

Important: You should test your systems before the July 1 start date to make sure your vendors are up to snuff, Nezda insisted.

CMS will only consider your quality reporting for claims that reach the National Claims History (NCH) file by Feb. 29, 2008. So you need to make sure you submit end-of-the-year claims promptly, CMS officials warned. You can't resubmit claims just to add the quality-reporting codes, nor can you submit the quality-reporting codes by themselves on a separate claim.

If more than one doctor treats the same patient, each doctor can report on the same quality measure for that patient, CMS officials said.

Some measures only need to be reported once a year, so you don't have to keep including them on each code after you report them the first time. But if you met the quality guideline for diabetes testing in April or May, you should still report it once after July 1, CMS officials said.