

## **Summit Medicare Documentation Article VIII**

### **Participating in the Physician Quality Reporting Initiative (PQRI)—Why Not?**

First convened in September 2007, the Chiropractic Summit represents leadership from some 40 organizations within the profession. The Summit meets regularly to collaborate, seek solutions, and support collective action to address challenges with the common goal of advancing chiropractic.

A major focus of the Summit has been to improve practitioner participation, documentation, and compliance within the Medicare system. The article that follows is the eighth in a series developed by the Chiropractic Summit Documentation Committee.

Doctors of Chiropractic (DC) first became eligible to participate in the Centers for Medicare and Medicaid Services (CMS) Physician Quality Reporting Initiative (PQRI) in 2008. When first hearing of the program requirements, the processes for implementation, and with the minimal incentive bonus, many DCs decided not to participate. Lack of timely feedback reports from CMS, and poor success rates from those participating in 2008, have also contributed to practitioner apathy and frustration towards the PQRI program. Independent of practitioner interest in PQRI, Congress has made a strong statement regarding the importance of this program. With the passage of the Patient Protection and Affordable Care Act (PPACA), PQRI participation will become mandatory in 2015. Providers who do not report on quality measures in 2015 will have their Medicare reimbursement decreased by 1.5%. Beginning in 2016, Medicare reimbursement will be decreased by 2% for those who do not participate. Through 2015 (when providers will be penalized for not participating in PQRI), providers will receive an incentive bonus for participation in the program. The incentives, declining by year, include:

2010 = 2.0%

2011 = 1.0%

2012-2014 = 0.5%.

Congress not only made a statement on the importance of quality reporting through healthcare reform legislation, Congress also identified the need to improve the PQRI program. As an example, for the past few years providers have complained that CMS' feedback on provider quality measures reporting comes too late for the provider to address problems in a timely fashion. PPACA now addresses this issue and requires the Secretary of the Department of Health and Human Services to offer more timely feedback on provider PQRI performance. PPACA also requires an informal appeal process for providers who believe they comply with reporting quality measures, but have not received a bonus. These changes should lead to a greater number of providers qualifying for incentive bonuses.

While some may view the 1.5% or 2% as a small disincentive, providers should also be aware that both participating and non-participating PQRI practitioners are to be made public on the CMS website. Public disclosure of provider non-participation with quality reporting programs raises questions regarding the profession's commitment to quality care. DCs have long been acknowledged for their dedication to quality care and commitment to the patients they serve; participation in PQRI further demonstrates this.

Currently, the measures that DCs can report in PQRI are solely process-focused—this means you enter a specific code on the claim that is associated with a specific provider action (or lack thereof).

For example, one quality measure is used to report on a functional outcome assessment along with a documented care plan based on the identified functional deficiencies. A specific code is entered when the provider both performs the functional assessment and provides the care plan. If the provider does neither the assessment nor the care plan, a different code is reported. If the provider performs the functional assessment, but does not document the care plan, yet another code is reported. There are five possible codes for this measure, and the provider chooses the one that is appropriate for that particular visit. This, in a nutshell, is an example of “quality reporting.” Please note there is no requirement to sign-up or register before reporting on quality measures—simply report the appropriate code for each measure, on each visit.

ACA provides the tools to get started with PQRI reporting. These resources are available online at: [www.acatoday.org/pqri](http://www.acatoday.org/pqri). The ACA also stands ready to assist providers with questions—simply contact ACA’s Government Relations Department at [gr@acatoday.org](mailto:gr@acatoday.org). CMS also provides helpful PQRI resources accessible at: [www.cms.gov/pqri](http://www.cms.gov/pqri). This webpage provides detailed information about quality measures, frequently asked PQRI questions, and news and updates regarding PQRI. CMS also regularly holds national provider conference calls focused solely on PQRI with general updates and providing opportunity for healthcare providers to ask questions directly regarding PQRI procedures. In addition, the CMS’ PQRI helpdesk may be reached at 1-866-288-8912 or by email at: [Qnetsupport@sdps.org](mailto:Qnetsupport@sdps.org).

**Why participate? Participation in PQRI demonstrates that doctors of chiropractic are patient-centered and concerned about providing value-based care. Let’s show that chiropractic means quality!**

The members of the Summit Documentation Subcommittee and Working Group include Dr. Carl Cleveland III, Ms. Kim Driggers, Dr. Farrel Grossman, Dr. Salvatore La Russo, Dr. John Maltby, Dr. Peter Martin, Ms. Susan McClelland, Dr. Ritch Miller, Dr. Frank Nicchi, Mr. David O’Byron, and Dr. Frank Zolli. Dr. Ritch Miller served as principal author of this article with assistance from the Working Group and significant contributions from Ms. Kara Murray, ACA Director of Federal & Regulatory Affairs.