

**2008 PQRI REPORTING OPTIONS EXPAND REGISTRY REPORTING
DEADLINE IS MAY 31, 2008 FOR SELF-NOMINATIONS**

In April of 2008, the Centers for Medicare and Medicaid Services (CMS) expanded the options available for the Physicians Quality Reporting Initiative (PQRI). CMS has created new measures groups for certain disease states (see below) and will expand the number of registries that they will accept PQRI data from. These new alternatives do not replace, but rather supplement the claims-based reporting mechanism currently in place, use of G-codes to report individual measures for 80% of applicable cases. The table below outlines the available reporting timeframes and reporting periods for 2008.

Reporting Period: January 1, 2008-December 31, 2008	Reporting Period: July 1, 2008-December 31, 2008
Individual Measures: -80% of applicable cases -Minimum 3 measures	Individual Measures: -80% of applicable cases -Minimum 3 measures
One Measures Group: -30 consecutive patients OR -80% of applicable cases	One Measures Group: -15 consecutive patients OR -80% of applicable cases

The new measures groups are as follows. For claims-based reporting, all measures within selected measures group must be reported on claims for 80% of the Medicare patients during the reporting period for whom the measures of one measures group apply (except for measures that are gender-specific). Please note that claims-based reporting of measures groups with G-codes may only be done for the half-year reporting period because G-codes for this purpose will not be available for use before July.

The measure groups are composed of the following PQRI measures:

Diabetes Mellitus:

- Measure Number 1 – Hemoglobin A1c Poor Control in Type 1 or 2 Diabetes Mellitus
- Measure Number 2 – Low Density Lipoprotein Control in type 1 or 2 Diabetes Mellitus
- Measure Number 3 – High Blood Pressure Control in Type 1 or 2 Diabetes Mellitus
- Measure Number 117 – Dilated Eye Exam in Diabetic Patient

Measure Number 119 – Urine Screening for Microalbumin or Medical Attention for Nephropathy in Diabetic Patients

End Stage Renal Disease (ESRD):

Measure Number 78 – Vascular Access for Patients Undergoing Hemodialysis

Measure Number 79 – Influenza Vaccination in Patients with ESRD

Measure Number 80 – Plan of Care for ESRD Patients with Anemia

Measure Number 81 – Plan of Care for Inadequate Hemodialysis in ESRD Patients

Chronic Kidney Disease (CKD):

Measure Number 120 – ACE Inhibitor or Angiotensin Receptor Blocker (ARB) Therapy in Patients with CKD

Measure Number 121 – CKD: Laboratory Testing (Calcium, Phosphorus, Intact Parathyroid Hormone (iPTH) and Lipid Profile)

Measure Number 122 – CKD: Blood Pressure Management

Measure Number 123 – CKD: Plan of Care: Elevated Hemoglobin for Patients Receiving Erythropoiesis-Stimulating Agents (ESA)

Preventive Care:

Measure Number 39 – Screening or Therapy for Osteoporosis for Women Aged 65 Years and Older

Measure Number 48 – Assessment of Presence or Absence of Urinary Incontinence in Women Aged 65 Years and Older

Measure Number 110 – Influenza Vaccination for Patients > 50 Years Old

Measure Number 111 – Pneumonia Vaccination for Patients 65 Years and Older

Measure Number 112 – Screening Mammography

Measure Number 113 – Colorectal Cancer Screening

Measure Number 114 – Inquiry Regarding Tobacco Use

Measure Number 115 – Advising Smokers to Quit

Measure Number 128 – Universal Weight Screening and Follow-Up

New Registry-Based Options:

The same two reporting periods apply for registry-based reporting and involve reporting individual measures in 80% of the applicable cases, OR reporting on all measures with a measures group. Measures group reporting from registries must be done on 15 consecutive patients, or 80% of applicable cases, for the July to December timeframe, and on 30 consecutive patients, or 80% of applicable cases, for the January to December timeframe. For registry-based reporting, a minimum of 3 measures must be used (if only one measure applies, then the claims-based process must be used). If the G-codes methods and registry reporting are

both used successfully, payment will be limited to the one method that is employed for a longer period.

CMS is currently pilot testing registry reporting with the following registries:

- The society of Thoracic Surgeons
- Cedaron
- University of Wisconsin Medical Foundation
- ICLOPS
- The National Cardiovascular Data Registry
- Cielo MedSolutions
- American Osteopathic Association
- Rush Health Associates
- Wellcentive
- Wisconsin Collaborative for Healthcare Quality
- General Electric
- Phytel

CMS is soliciting self-nomination letters from registries not on this list until **May 31, 2008**. Specific requirements for registries wishing to self-nominate were issued on April 30, 2008, and can be found on the [CMS website](#). Since the requirements are slightly different for electronic health records vendors to participate in the testing, CMS has also created a [document](#) addressing these requirements. CMS will announce additional qualified registries by **August 31, 2008**.

Here are links to CMS program guidance and educational slides.

[Program guidance on expanded reporting alternatives for 2008](#)

[CMS slides from recent provider outreach call](#)