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Emergency Medicine
PQRS 2011

The 2011 Physician Quality Reporting System (PQRS)

Do you know the implication of PQRS (previously "PQRI") for emergency medicine physicians and mid-level providers?
Can you list the PQRS measures for the emergency department and how to best document them?

AN INTRODUCTION TO PQRI... AND A NEW NAME: "PQRS"

The 2006 Tax Relief and Health Care Act (TRHCA) (P.L. 109-432) required the establishment of a quality reporting system, including a bonus payment to physicians and mid-levels who satisfactorily report data on quality measures for covered professional services furnished to Medicare beneficiaries. The Centers for Medicare and Medicaid Services (CMS) named this program the Physician Quality Reporting Initiative (PQRI). The PQRI program was further modified as a result of the Medicare, Medicaid, and SCHIP Extension Act of 2007 (MMSEA) (Pub. L. 110-275) and the Medicare Improvements for Patients and Providers Act of 2008 (MIPPA) (Pub. L. 110-275). In 2011, the program name was changed to Physician Quality Reporting System (PQRS; *Physician Quality Reporting*).

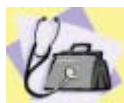
To receive the bonus payment, a physician or mid-level provider (or other eligible professional) must successfully **report** (80% or higher) on 3 or more PQRI measures. In 2007 and 2008 the bonus payment was 1.5% of a provider's allowable Medicare fees. For 2009-2011 this bonus payment was increased to 2.0%. Currently, the PQRI incentive bonus is "payment for reporting." That is, PQRI is presently designed to pay providers for reporting on a quality measure -- regardless of whether the provider performed the measure or not (e.g., gave aspirin to a patient with an acute myocardial infarction). It is anticipated that at some point in the future PQRI will evolve from "payment for reporting" to "payment for performance."



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Stand tall among your peers:
Lead the charge for quality patient care and good PQRI documentation.

WHY IS THIS IMPORTANT TO YOU AND YOUR PHYSICIAN GROUP?



Patient Care. These are nationally recognized quality measures and they demonstrate your and your partnership's commitment to high quality patient care.



Partnership Revenue. Successful participation and reporting of these measures provides your partnership with additional revenue. While the PQRI bonus payment is small, any additional revenue is important in a period when there are increasing patients without insurance and reimbursements from insurers are flat or decreasing.



Public Reporting. CMS has begun to publish whether or not you are participating on their national website. The website is available at <http://www.medicare.gov/find-a-doctor/provider-search.aspx>.



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In addition to physicians, **nurse practitioners**, **physician assistants** are considered “eligible providers” and can participate in PQRS

The 2011 Physician Quality Reporting System (Continued...)

EMERGENCY DEPARTMENT -- THE 2011 PQRS MEASURES

PQRS Measures for 2011 are the same as for 2010.

If your emergency medicine physician group is using Apollo Information Services for coding and billing, Apollo automatically collects and submits PQRS measures for you and your group to the Centers for Medicare and Medicaid Services (CMS).

There are seven PQRS measures relevant to emergency medicine that are tracked at Apollo Information Services. Trained PQRS coders at Apollo abstract these measures through individual chart review for all Medicare patients with the appropriate ICD-9-CM diagnoses.

PQRS Measure	Description	Tracked at Apollo
#28	Aspirin given at arrival for AMI	✓
#54	EKG performed for non-traumatic chest pain ≥ 40 years	✓
#55	EKG performed for syncope, patients ≥ 60 years	✓
#56	Vital signs documented and reviewed for pneumonia	✓
#57	O2 saturation documented and reviewed for pneumonia	✓
#58	Mental status assessment documented for pneumonia	✓
#59	Appropriate antibiotic therapy given for pneumonia, per ISDA/ATS guidelines	✓

REMEMBER:

DOCUMENT PERFORMANCE OF THESE MEASURES... OR DOCUMENT THE REASON WHY YOU DID NOT DO SO

There are reasons not to perform these measures in some patients. Please be certain to document your reasons clearly so that the data reported to CMS is accurate and reflective of the good patient care you delivered.

Reason to not perform these measures are:

- > **Not Performed for Medical Reasons**
(already received, patient allergy, other contraindication)
- > **Not Performed for Patient Reasons**
(patient refused, religious or economic reasons)
- > **Not Performed for System Reasons**
(supplies or equipment not available)

Here are some examples of **good** documentation showing why a measure was not performed in the emergency department:

- > Aspirin allergy charted in allergies area of emergency department chart
- > *“Patient is allergic to aspirin.”*
- > *“Patient took aspirin this morning at home.”*
- > *“Because of active GI bleeding, will hold aspirin therapy until cardiologist evaluation.”*
- > *“Patient did not pass out; patient states she simply felt dizzy for 20 seconds.”*
- > *“EKG was performed prior to arrival in PCP office; patient brought EKG with her to the emergency department.”*



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