

*Maximizing Medicare
Revenues with
ZirMed's PQRI Solution*

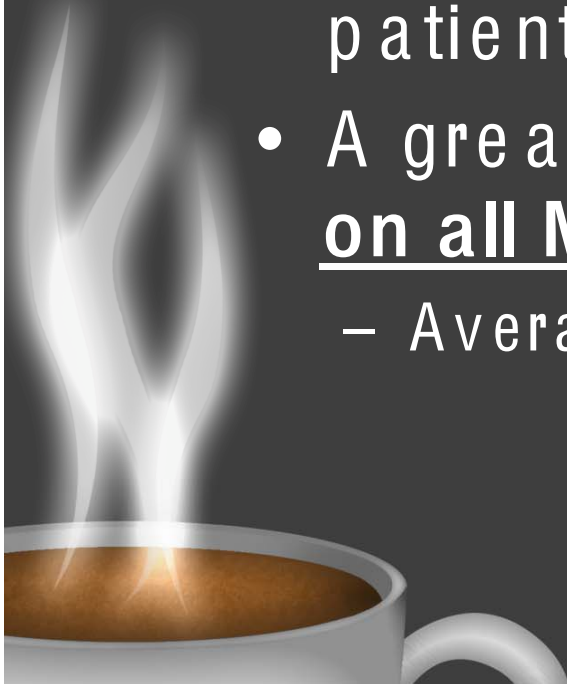
*Presented by:
Darren Hobbs, Analyst*



What is PQRI?



- Physician's Quality Reporting Initiative
- CMS's first step towards "PAY FOR PERFORMANCE"
- 153 measures of treatment quality and patient outcomes
- A great opportunity to earn a 2% bonus on all Medicare Part B reimbursements
 - Average provider can earn \$2,000 - \$3,000



What is an example of a PQRI Measure?



Measure #1: Diabetes Mellitus

- PQRI information needed (numerator)
 - Most recent hemoglobin A1c level
 - Reported via special CPT II code on claim
- Patients included (denominator)
 - Medicare patients aged 18 – 75
 - Diagnosis of diabetes mellitus
 - Patient encounter during reporting period

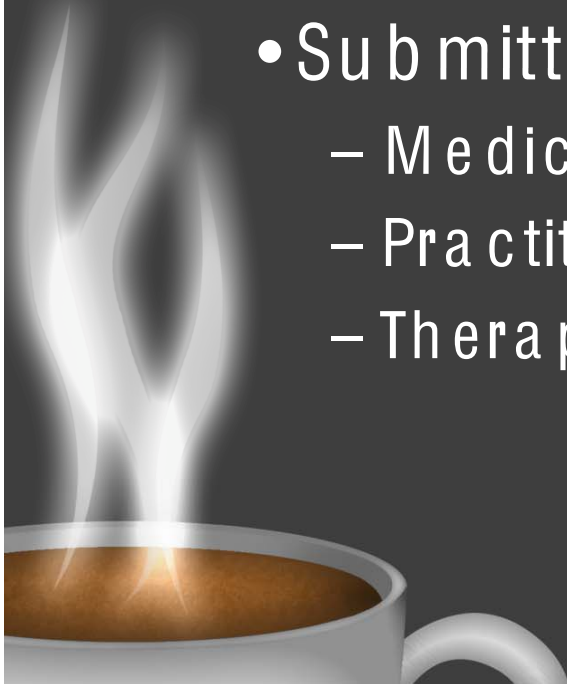
> 80%



Which claims are included in PQRI?



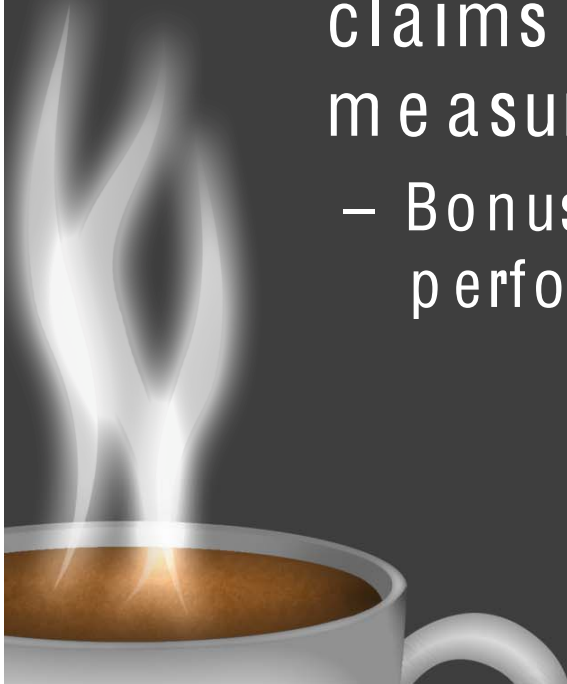
- Original, Medicare Part B claims
 - Duplicate claims are not counted
- Professional claims only (No Institutional)
- Date of Service: Jan. 1 2009 – Dec. 31, 2009
- Submitted by an “Eligible Professional”
 - Medicare physicians
 - Practitioners
 - Therapists



How do I earn the bonus?



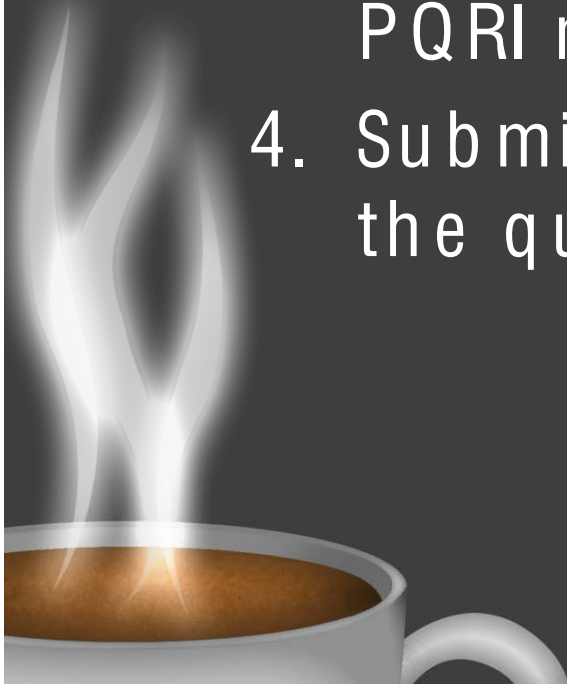
- Report on at least 3 PQRI measures
 - 153 measures available in 2009
 - Suggested to report 4 measures
- Report PQRI data on at least 80% of the claims that qualify for each selected measure
 - Bonus based on successful *reporting*, not performance



How do I get started?



1. Discuss PQRI with staff and providers
2. Determine which measures are most applicable to your practice
3. Choose at least 3 of the 153 available PQRI measures to report in 2009
4. Submit quality data on at least 80% of the qualifying claims for each measure



How do I choose my measures?

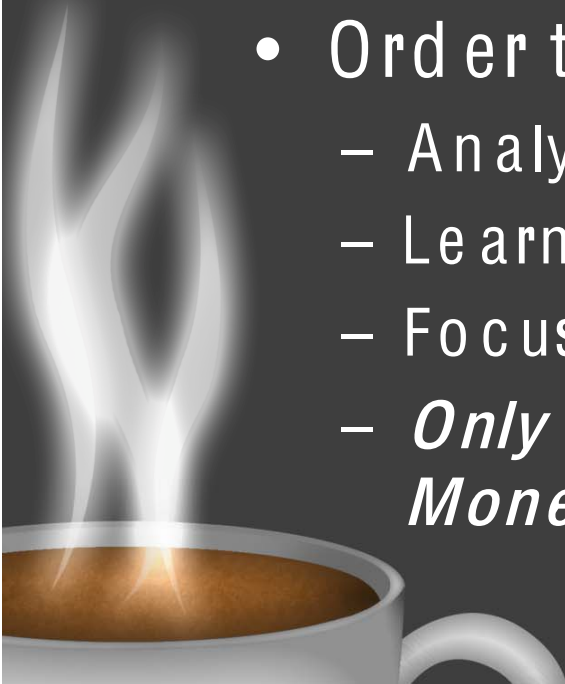


Option 1 – Do It Yourself

- Read the 2009 PQRI Measures Handbook (400 + pages)

Option 2 – Ask ZirMed for Help

- Order the Suggested Measures Report
 - Analyze your actual historic claims data
 - Learn which measures occur most frequently
 - Focus effort on most applicable measures
 - ***Only \$49 per report, and backed by a Money Back Guarantee!***



How do I ensure that my claims have PQRI data?

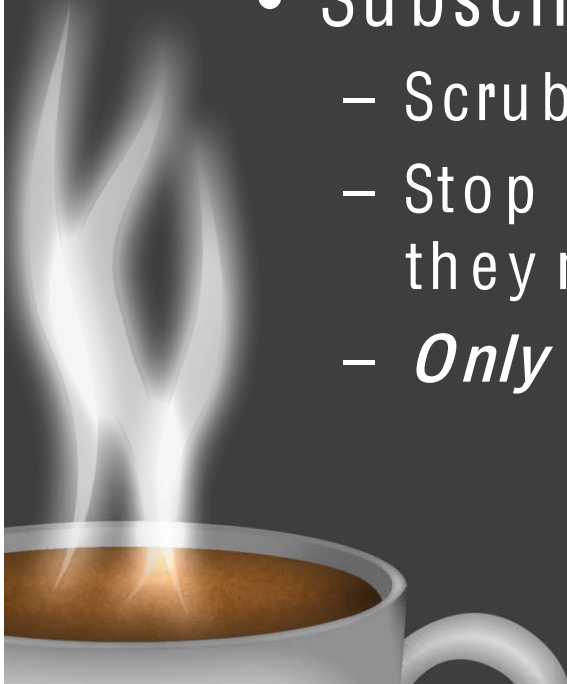


Option 1 – Do It Yourself

- Have biller check all claims for PQRI errors

Option 2 – Ask ZirMed for Help

- Subscribe to PQRI Monitoring Service
 - Scrub all Medicare B claims for PQRI errors
 - Stop claims missing PQRI data for review before they reach the payer
 - *Only \$10 per provider per month*



How do I sign up for ZirMed's PQRI services?



- Order online through our PQRI Toolkit Shopping Cart
- Charges will be added to your next ZirMed invoice



P Q R I R e c a p



- Opportunity to earn a 2% bonus on all Medicare Part B reimbursements
 - Average provider can earn \$2,000 - \$3,000
- ZirMed Suggested Measures Report
 - *Only \$49 per report, and backed by a Money Back Guarantee!*
- ZirMed PQRI Monitoring Service
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PQRI FREQUENTLY ASKED QUESTIONS

Are the PQRI Measures related to the diagnosis codes?

Yes, but not entirely. PQRI Measures consist of a combination of requirements relating to diagnosis codes, procedure codes, dates of service, place of service and patient demographics such as age and gender. For more information about the details of a specific measure, please click on the “Select Measures” button for one of your providers in the PQRI Toolbox. Next to each measure on this page is a PDF document which explains each measure and what providers need to do to meet the reporting requirements.

Where do I put the PQRI information on the claim?

Providers submit data about the quality of care using the CPT-II or G-Codes specially developed for that particular PQRI measure, and thus these codes should be reported along with the other procedure codes on the claim. Since the PQRI code is merely an indicator about the quality of care, there is no reimbursement for these codes. CMS recommends that providers submit these codes with a Charge Amount of \$0.00. However, since many practice management systems automatically remove line items with a charge amount of \$0.00, CMS also allows providers to submit these codes with a charge of \$0.01.

What is an “Eligible Professional”?

CMS has identified the following professionals as eligible and able to participate in PQRI. Some exclusions do apply, and for more information on these particular situations, please see [Medicare's description of these exclusions](#).

Medicare Physicians	Practitioners	Therapists
Doctor of Medicine	Physician Assistant	Physical Therapist
Doctor of Osteopathy	Nurse Practitioner	Occupational Therapist
Doctor of Podiatric Medicine	Clinical Nurse Specialist	Qualified Speech-Language Therapist
Doctor of Optometry	Certified Registered Nurse	
Doctor of Oral Surgery	Anesthetist	
Doctor of Dental Medicine	Certified Nurse Midwife	
Doctor of Chiropractic	Clinical Social Worker	
	Clinical Psychologist	
	Registered Dietician	
	Nutritional Professional	
	Audiologists	

When and how does CMS pay the PQRI bonus?

Following the end of the reporting period, an outside firm hired by CMS analyzes the data contained in the National Claims History file to determine which providers met the reporting requirements in order to qualify for the bonus and how much of a bonus he or she earned. PQRI bonus checks are then issued based on the billing Tax ID. Providers who successfully participated in the 2007 PQRI received their bonus checks in June and July of 2008 – approximately four months after the last day that PQRI data could be submitted for that reporting period.

Is there an enrollment or application process for PQRI?

There is no enrollment, sign-up, or application process necessary for PQRI. Providers can simply begin reporting PQRI quality data on their claims.

Is there a specific sign-up period for ZirMed's PQRI solutions?

No, providers can sign up for ZirMed's PQRI solutions at any time. However, we recommend that providers sign up and start reporting PQRI quality data during the month of January to have the greatest chance of qualifying for the PQRI participation bonus.

How many measures should I report?

In order to qualify for the PQRI bonus, providers must report PQRI quality codes on at least 80% of the claims for at least three different PQRI measures. Although there is no additional incentive for successfully reporting on more than three measures, many in the industry recommend that providers report on four measures. Reporting on four measures affords you some leeway and allows you to qualify for the bonus even if you underreport one measure.

PQRI FREQUENTLY ASKED QUESTIONS

Which measures should I report?

Industry experts recommend that providers report on the measures which occur most frequently during their normal course of care. When PQRI reporting becomes part of your normal workflow, it is much more likely that you will remember to include the PQRI codes on each claim.

Additionally, choosing the measures which occur with the greatest frequency will increase your “safety net”, that is, the number of claims that can slip out of the door without the necessary PQRI quality data. For example, if you choose to report on a measure that only occurs four times per year, failing to put a quality code on just one of these four claims will prevent you from meeting the reporting requirement for that measure. If you instead chose to report on a measure that occurs 100 times per year, you would still meet the reporting requirements even if 20 claims did not include the PQRI quality data.

Which claims does the Suggested Measures Report analyze?

ZirMed will analyze your actual, historic Medicare Part B data to determine which measures are most relevant to your practice. The Suggested Measures Report will show you how many Medicare Part B claims a particular provider submitted which would have met the requirements for one of the measures included in the 2009 PQRI. This report will greatly help you narrow down your review of the available PQRI measures so that you can focus on learning more about the measures which are most relevant to your practice.

Do I have to start participating in PQRI on January 1, 2009?

No, but if a provider intends to participate in PQRI during 2009, we recommend that he or she begins submitting PQRI quality information as quickly as possible. To qualify for the bonus, providers must submit the necessary PQRI quality data on at least 80% of the qualifying claims for at least 3 PQRI measures, and thus delaying participation significantly decreases the chances that your practice will meet the reporting requirements for the PQRI bonus.

Additionally, there is no deadline or cut-off date for subscribing to ZirMed’s PQRI solutions. However, we do encourage our clients to begin reporting PQRI data during January.

How long do I have to submit my claims for the 2009 PQRI?

Since the reporting periods for PQRI are based on dates of service, providers participating in the 2009 PQRI have until the end of February 2010 to submit claims to be counted towards their 2009 PQRI participation rates.

If I subscribe to the Monitoring Service, will the PQRI claim edits apply to my claims with a date of service before January 1, 2009?

No. ZirMed has developed its PQRI Monitoring Service to be date of service specific, and thus only those claims with dates of service between January 1, 2009 and December 31, 2009 will be checked for PQRI errors.

Where can I learn more about the measures included in the 2009 PQRI?

For more information about the details of a specific measure, please click on the “Select Measures” button for one of your providers in the PQRI Toolbox. Next to each measure on this page is a PDF document which explains each measure and what providers need to do to meet the reporting requirements.

If you have any further questions about PQRI, please visit the PQRI page on the CMS website at www.cms.hhs.gov/PQRI. A full list of the 2009 PQRI Measures is available in Downloads section of the “[Measures/Codes](#)” page.

Is participation in PQRI mandatory?

No. PQRI is currently a voluntary program, but many in the industry believe that PQRI, or a similar program, may become mandatory in the future. Politically popular, pay-for-performance initiatives are likely to gain more ground, and as many have seen with other initiatives, what begins as a participation bonus can quickly become a non-participation penalty. Those who participate in PQRI in 2009 have a tremendous opportunity to become accustomed to the program, train their staff to handle workflow changes, and earn additional reimbursement while doing so.

Can I participate in PQRI without using ZirMed’s PQRI Monitoring Service?

Yes. ZirMed’s Claims Management system supports the submission of PQRI data even if you are not signed up for our PQRI Monitoring service. However, if a provider fails to meet the reporting requirements by even one claim, he or she will not qualify for the PQRI Bonus, thus it is no surprise that only 50% of providers who attempted to participate in the 2007 PQRI successfully qualified for the PQRI bonus. Providers using ZirMed’s PQRI Monitoring Service have peace of mind knowing that their claims are being carefully reviewed for PQRI before being sent to Medicare.

PQRI FREQUENTLY ASKED QUESTIONS

Am I required to order the Suggested Measures Report if I want to subscribe to the PQRI Monitoring Service?

No. If you are already comfortable with the PQRI measures and know which measures you want to report for the 2009 PQRI, you may subscribe to the PQRI Monitoring Service without ordering the Suggested Measures Report.

Even if you have already participated in PQRI however, you may still find tremendous value in our Suggested Measures Reports. More than one dozen measures from 2008 have been retired, more than 30 completely new measures have been added, and there have been significant updates and revisions to the PQRI measures which remain from 2008.

Does ZirMed charge by provider or by account?

Since the PQRI measures reported by two providers in a single practice may vary greatly, ZirMed has developed its PQRI solutions to be customizable on the rendering provider level rather than at the account level. ZirMed charges \$49 per Suggested Measures Report and \$10 per month per provider activated on the PQRI Monitoring Service. If an account had 10 providers and only one of them subscribed to the PQRI Monitoring Service, ZirMed would only charge this account \$10 per month.

I have not submitted Medicare claims to ZirMed before. Will ZirMed still be able to suggest measures for me to report?

ZirMed's Suggested Measure Report only analyzes Medicare Part B claims history, and thus, if an account has never submitted a Medicare Part B claim through ZirMed, we would be unable to complete the Suggested Measures Report.

I would like to use ZirMed's PQRI tools, but I don't currently submit Medicare claims to ZirMed. How do I start sending Medicare claims to ZirMed?

Please contact ZirMed customer support at 877-494-7633 to enroll with Medicare through ZirMed.

Does PQRI apply to Medicare Advantage plans?

No. Since Medicare Advantage plans are not considered Medicare Part B plans, these patients would not be included in the PQRI reporting.

Once I sign up, how do I shut off the PQRI Monitoring Service for one of my providers?

If you decide that you no longer wish to participate in PQRI, you may discontinue the PQRI Monitoring Service for a particular provider by going to the PQRI Toolbox, clicking on the Edit Measures link, and then deselecting all of the measures for that provider.