

PQRI: Use a Registry to Earn the 2 Percent Medicare Bonus

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You now can use an Academy-sponsored registry—the Ophthalmic Patient Outcome Database, run by Outcome Sciences—to participate in the CMS’ Physician Quality Reporting Initiative. Compared with claims-based reporting, this could be an easier and more reliable way to earn the 2 percent PQRI bonus.

Claims- Vs. Registry-Based Usage

If you have used claims-based reporting to get your PQRI bonus, you may wonder what is different about registry-based reporting.

Where do you report data? *Claims-based*—Use claim form CMS-1500, but you can’t report measures 191 and 192 (see box). *Registry-based*—Via a CMS-approved registry.

When are data reported? *Claims-based*—Report Category II codes at the time of the associated exam (or, for measure 139, at the time of the cataract surgery) along with a qualifying diagnosis. *Registry-based*—Submit data to the registry at any time during the reporting period or up to one month afterward (i.e., for the 2010 reporting period, you have until Jan. 31, 2011). You can do this retrospectively and in batch mode, rather than in real time. This means you are still eligible for the full year of PQRI reporting.

How do you earn the bonus?

Claims-based—Successfully report

a minimum of three measures 80 percent of the time. *Registry-based*—Same as claims-based. Outcome Sciences urges users of its registry to obtain interim reports before submitting data to CMS. These reports are not a replacement for CMS feedback reports, but they allow you to check whether your practice needs to add extra cases or correct any data. (Please note: To get the bonus, you must use the same reporting method, either claims- or registry-based, for all three measures. But if you’re already using claims-based reporting for 2010, can you start using a registry? Yes. CMS has said that if your registry-based reporting meets the criteria for the bonus, it will credit your registry-based reporting and disregard your claims-based reporting.)

When is the bonus paid? *Claims-based*—Payment occurs in the fall of the following year. *Registry-based*—Same as claims-based.

What costs will you incur? *Claims-based*—Time to input measure specifications and establish reporting protocols. *Registry-based*—A fee of approximately \$600 per physician per year. Staff time to either enter data directly into the registry or upload it from a formatted file. No additional software is needed, and you don’t need electronic health records.

What are the success rates?

Claims-based—For all specialties, it is about 50 percent. *Registry-based*—In 2008, it was estimated to be 80 percent.

Are there other registries? Yes. Go to www.cms.hhs.gov/pqri and select “Spotlight” then “Alternative Reporting Mechanisms” for a list.

To learn more, visit <http://outcome.com/pqri.htm> for Webinars and other resources. For extra help in getting started, contact Outcome Sciences by phone, 617-715-6898, or e-mail, ophthalmicdatabase@outcome.com. Questions? E-mail pqri@aao.org.

Two Registry-Only Measures

When reporting through a registry, you can still use all the measures available in claims-based reporting. These are listed in *A Quick Guide to Implementing PQRI for 2010*, which can be downloaded at www.aao.org/pqri. And for ophthalmology, there also are two registry-only measures that can’t be reported by claims.

Measure 191. *Cataracts: 20/40 or better visual acuity within 90 days following cataract surgery.*

Measure 192. *Cataracts: Complications within 30 days following cataract surgery requiring additional surgical procedures.*