Physician Quality Reporting Initiative (PQRI)
Introduction

As part of its overall quality improvement effort, The Centers for Medicare & Medicaid Services (CMS) launched a Physician Quality Reporting Initiative (PQRI).

Essential Facts to Know

• Program began January 1, 2006 with the first provider feedback reports issued December 2006
• Eligible professionals who successfully report a designated set of quality measures on claims with dates of service from July 1, 2007 – December 31, 2007 may earn a bonus payment, subject to a cap, of 1.5% of total allowed charges for covered Medicare physician fee schedule services. This initiative applies to traditional Medicare fee for service program only.
• Physicians participate by coding quality measures with appropriate G codes and CPT II codes. These codes can be reported on paper-based CMS 1500 claims or electronic 837-P claims
• Registration is not required to participate
• The current list of measures includes 74 different indicators, although all measures may not be appropriate for each specialty
• 2007 PQRI quality data will not be publicly reported
• Bonus payments will be made in a lump sum in mid-2008 to the holder of the Taxpayer ID
• Future measures to be considered for eligibility will be posted for public comment in the Federal Register no later than August 15, 2007

Getting Started

Eligible professionals who plan to participate in the 2007 PQRI should familiarize themselves and their office staff with the PQRI measures that apply to their patients.

Become familiar with the 2007 PQRI measures BEFORE the reporting period begins!
(Claims of service as of July 1, 2007)

What You Don’t Need

• You don’t need to register, enroll or file an intent to participate
• You don’t need to adopt an electronic medical record to participate

Eligible professionals can participate by reporting the appropriate quality measure data on claims submitted to their Medicare claims processing contractor.

What You Do Need

• When < 3 quality measures (of the 74 total measures) are applicable to the services provided by an eligible professional, each measure must be reported (i.e. coded on the CMS 1500 with the corresponding G code) in at least 80% of cases where the measure is eligible
• When > 4 measures are applicable to the services provided by an eligible professional, the 80% threshold must be met on at least three of the measures reported

Additional information is available on the CMS PQRI website at: http://www.cms.hhs.gov/PQRI

Consider modifying your billing form to add the new G codes applicable to your specialty. The choice of coding sets is up to you! Many of the specialty medical services have prepared tips and tools for getting started.
Data Management and Payment

- Eligible professionals who participate will have access to a CMS analysis of their reportable data.
- Those who successfully report quality measure data on claims for services between July 1, 2007 and December 31, 2007 will be eligible for a single consolidated incentive payment in mid-2008.
- This bonus payment, subject to a cap, is the equivalent of 1.5% of total allowed charges for covered physician fee schedule for services provided from July 1, 2007 to December 31, 2007.
- CMS must use the Taxpayer ID Number (TIN) as the billing unit. Therefore, any bonus payments earned will be paid to the holder of the TIN, whether that is the individual physician or the medical group.

2008 Considerations

- Measures must be adopted or endorsed by a consensus organization such as AQA (Ambulatory Quality Alliance) or National Quality Forum (NQF).
- Measures will include structural measures such as the use of electronic health records and electronic presenting technology.
- 2008 measures will be posted for public comment in the Federal Register no later than 8/15/07 and the final measures will be posted no later than 11/15/07.
- As part of the proposed quality measures for 2008, the consideration is being given to the development of a mechanism whereby an eligible professional may provide data on quality measures through an appropriate medical registry such as STS (Society for Thoracic Surgeons) database.
Measures

1. Hemoglobin A1c Poor Control in Type 1 or 2 Diabetes Mellitus
   Description: Percentage of patients aged 18-75 years with diabetes (type 1 or type 2) who had most recent hemoglobin A1c greater than 9.0%

2. Low Density Lipoprotein Control in Type 1 or 2 Diabetes Mellitus
   Description: Percentage of patients aged 18-75 years with diabetes (type 1 or type 2) who had most recent LDL-C level in control (less than 100 mg/dl)

3. High Blood Pressure Control in Type 1 or 2 Diabetes Mellitus
   Description: Percentage of patients aged 18-75 years with diabetes (type 1 or type 2) who had most recent blood pressure in control (less than 140/80 mm Hg)

4. Screening for Future Fall Risk
   Description: Percentage of patients aged 65 years and older who were screened for future fall risk (patients are considered at risk for future falls if they have had 2 or more falls in the past year or any fall with injury in the past year) at least once within 12 months.

5. Heart Failure: Angiotensin-Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker (ARB) Therapy for Left Ventricular Systolic Dysfunction (LVSD)
   Description: Percentage of patients aged 18 years and older with a diagnosis of heart failure and left ventricular systolic dysfunction (LVSD) who were prescribed ACE inhibitor or ARB therapy.

6. Oral Antiplatelet Therapy Prescribed for Patients with Coronary Artery Disease
   Description: Percentage of patients aged 18 years and older with a diagnosis of coronary artery disease who were prescribed oral antiplatelet therapy

7. Beta-blocker Therapy for Coronary Artery Disease Patients with Prior Myocardial Infarction (MI)
   Description: Percentage of patients aged 18 years and older with a diagnosis of coronary artery disease and prior myocardial infarction (MI) who were prescribed beta-blocker therapy

8. Heart Failure: Beta-blocker Therapy for Left Ventricular Systolic Dysfunction
   Description: Percentage of patients aged 18 years and older with a diagnosis of heart failure who also have left ventricular systolic dysfunction (LVSD) and who were prescribed beta-blocker therapy

9. Antidepressant Medication During Acute Phase for Patients with New Episode of Major Depression
   Description: Percentage of patients aged 18 years and older diagnosed with new episode of major depressive disorder (MDD) and documented as treated with antidepressant medication during the entire 84-day (12 week) acute treatment phase

10. Stroke And Stroke Rehabilitation:Computed Tomography (CT) or Magnetic Resonance Imaging (MRI) Reports
    Description: Percentage of final reports for CT or MRI studies of the brain performed within 24 hours of arrival to the hospital for patients aged 18 years and older with the diagnosis of ischemic stroke or TIA or intracranial hemorrhage that include documentation of the presence or absence of each of the following: hemorrhage and mass lesion and acute infarction

11. Stroke and Stroke Rehabilitation: Carotid Imaging Reports
    Description: Percentage of final reports for carotid imaging studies (neck MR angiography [MRA], neck CT angiography [CTA], neck duplex ultrasound, carotid angiogram) performed for patients aged 18 years and older with the diagnosis of ischemic stroke or TIA that include direct or indirect reference to measurements of distal internal carotid diameter as the denominator for stenosis measurement
12. Primary Open Angle Glaucoma:
   Optic Nerve Evaluation
   Description: Percentage of patients aged 18 years and older with a diagnosis of primary open-angle glaucoma (POAG) who have an optic nerve head evaluation during one or more office visits within 12 months

13. Age-Related Macular Degeneration:
   Age-Related Eye Disease study (AREDS) Prescribed/Recommended
   Description: Percentage of patients aged 50 years and older with a diagnosis of age-related macular degeneration who had AREDS prescribed/recommended within 12 months

14. Age-Related Macular Degeneration:
   Dilated Macular Examination
   Description: Percentage of patients aged 50 years and older with a diagnosis of age-related macular degeneration who had a dilated macular examination performed which included documentation of the presence or absence of macular thickening or hemorrhage AND the level of macular degeneration severity during one or more office visits within 12 months

15. Cataracts: Assessment of Visual Functional Status
   Description: Percentage of patients aged 18 years and older with a diagnosis of cataracts who were assessed for visual functional status during one or more office visits within 12 months

16. Cataracts: Documentation of Pre-Surgical Axial Length, Corneal Power Measurement and Method of Intraocular Lens Power Calculation
   Description: Percentage of patients aged 18 years and older who had cataract surgery who had the pre-surgical axial length, corneal power measurement and method of intraocular lens power calculation performed and documented within 6 months prior to the procedure

17. Cataracts: Pre-Surgical Dilated Fundus Evaluation
   Description: Percentage of patients aged 18 years and older who had cataract surgery who had a dilated fundus evaluation performed within six months prior to the procedure

18. Diabetic Retinopathy: Documentation of Presence or Absence of Macular Edema and Level of Severity of Retinopathy
   Description: Percentage of patients aged 18 years and older with a diagnosis of diabetic retinopathy who had a dilated macular or fundus exam performed which included documentation of the level of severity of retinopathy and the presence or absence of macular edema during one or more office visits within 12 months

19. Diabetic Retinopathy: Communication with the Physician Managing Ongoing Diabetes Care
   Description: Percentage of patients aged 18 years and older with a diagnosis of diabetic retinopathy who had a dilated macular or fundus exam performed with documented communication to the physician who manages the ongoing care of the patient with diabetes regarding the findings of the macular or fundus exam at least once within 12 months

20. Perioperative Care: Timing of Antibiotic Prophylaxis - Ordering Physician
   Description: Percentage of surgical patients aged 18 years and older undergoing procedures with the indications for prophylactic parenteral antibiotics, who have an order for prophylactic antibiotic to be given within one hour (if fluoroquinolone or vancomycin, two hours) prior to the surgical incision (or start of procedure when no incision is required)

21. Perioperative Care: Selection of Prophylactic Antibiotic - First OR Second Generation Cephalosporin
   Description: Percentage of surgical patients aged 18 years and older undergoing procedures with the indications for a first OR second generation cephalosporin prophylactic antibiotic, who had an order for cefazolin OR cefuroxime for antimicrobial prophylaxis
22. Perioperative Care: Discontinuation of Prophylactic Antibiotics (Non-Cardiac Procedures)
Description: Percentage of non-cardiac surgical patients aged 18 years and older undergoing procedures with the indications for prophylactic antibiotics AND who received a prophylactic antibiotic, who have an order for discontinuation of prophylactic antibiotics within 24 hours of surgical end time

23. Perioperative Care: Venous Thromboembolism (VTE) Prophylaxis (When Indicated in ALL Patients)
Description: Percentage of patients aged 18 years and older undergoing procedures for which VTE prophylaxis is indicated in all patients, who had an order for Low Molecular Weight Heparin (LMWH), Low-Dose Unfractionated Heparin (LDUH), adjusted-dose warfarin, fondaparinux or mechanical prophylaxis to be given within 24 hours prior to incision time or within 24 hours after surgery end time

24. Osteoporosis: Communication with the Physician Managing Ongoing Care Post Fracture
Description: Percentage of patients aged 50 years and older treated for a hip, spine or distal radial fracture with documentation of communication with the physician managing the patient’s ongoing care that a fracture occurred and that the patient was or should be tested or treated for osteoporosis

25. Melanoma: Patient Medical History
Description: Percentage of patients with either a current diagnosis of cutaneous melanoma or a history of cutaneous melanoma who had a medical history taken that included being asked if they have any new or changing moles at least once within 12 months

26. Melanoma: Complete Physical Skin Examination
Description: Percentage of patients with either a current diagnosis of cutaneous melanoma or a history of cutaneous melanoma who had a complete physical skin exam performed at least once within 12 months

27. Melanoma: Counseling on Self-Examination
Description: Percentage of patients with either a current diagnosis of cutaneous melanoma or a history of cutaneous melanoma who were counseled at least once within 12 months to perform a self-examination for new or changing moles

28. Aspirin at Arrival for Acute Myocardial Infarction (AMI)
Description: Percentage of patients with an emergency department discharge diagnosis of AMI who had documentation of receiving aspirin within 24 hours before emergency department arrival or during emergency department stay

29. Beta-Blocker at Time of Arrival for Acute Myocardial Infarction (AMI)
Description: Percentage of patients with a diagnosis of AMI who had documentation of receiving beta-blocker within 24 hours before or after hospital arrival

30. Perioperative Care: Timing of Prophylactic Antibiotic - Administering Physician
Description: Percentage of surgical patients aged 18 years and older who have an order for a parenteral antibiotic to be given within one hour (if fluoroquinolone or vancomycin, two hours) prior to the surgical incision (or start of procedure when no incision is required) for whom administration of prophylactic antibiotic has been initiated within one hour (if fluoroquinolone or vancomycin, two hours) prior to the surgical incision (or start of procedure when no incision is required)
31. Stroke and Stroke Rehabilitation: Deep Vein Thrombosis Prophylaxis (DVT) for Ischemic Stroke or Intracranial Hemorrhage
Description: Percentage of patients aged 18 years and older with a diagnosis of ischemic stroke or intracranial hemorrhage who received DVT prophylaxis by end of hospital day two

32. Stroke and Stroke Rehabilitation: Discharged on Antiplatelet Therapy
Description: Percentage of patients aged 18 years and older with a diagnosis of ischemic stroke or TIA who were prescribed antiplatelet therapy at discharge

33. Stroke and Stroke Rehabilitation: Anticoagulant Therapy Prescribed for Atrial Fibrillation at Discharge
Description: Percentage of patients aged 18 years and older with a diagnosis of ischemic stroke or TIA with documented permanent, persistent, or paroxysmal atrial fibrillation who were prescribed an anticoagulant at discharge

34. Stroke and Stroke Rehabilitation: Tissue Plasminogen Activator (t-PA) Considered
Description: Percentage of patients aged 18 years and older with a diagnosis of ischemic stroke whose time from symptom onset to arrival is less than 3 hours who were considered for t-PA administration

35. Stroke and Stroke Rehabilitation: Screening for Dysphagia
Description: Percentage of patients aged 18 years and older with a diagnosis of ischemic stroke or intracranial hemorrhage who underwent a dysphagia screening process before taking any foods, fluids, or medication by mouth

36. Stroke and Stroke Rehabilitation: Consideration of Rehabilitation Services
Description: Percentage of patients aged 18 years and older with a diagnosis of ischemic stroke or intracranial hemorrhage for whom consideration of rehabilitation services is documented

37. Dialysis Dose in End Stage Renal Disease (ESRD) Patients
Description: Percentage of patients aged 18 years and older with a diagnosis of end-stage renal disease undergoing hemodialysis with a documented urea reduction ratio (URR) value 0 greater than or equal to 65% (or a single-pool Kt/V greater than or equal to 1.2)

38. Hematocrit Level in End Stage Renal Disease (ESRD) Patients
Description: Percentage of patients aged 18 years and older with a diagnosis of end-stage renal disease undergoing hemodialysis with a documented hematocrit value greater than or equal to 33 (or a hemoglobin value greater than or equal to 11)

39. Screening or Therapy for Osteoporosis for Women Aged 65 Years and Older
Description: Percentage of female patients aged 65 years and older who have a central dual-energy X-ray absorptiometry (DXA) measurement ordered or performed at least once since age 60 or pharmacologic therapy prescribed within 12 months

40. Osteoporosis: Management Following Fracture
Description: Percentage of patients aged 50 years and older with fracture of the hip, spine or distal radius who had a central dual-energy X-ray absorptiometry (DXA) measurement ordered or performed or pharmacologic therapy prescribed

41. Osteoporosis: Pharmacologic Therapy
Description: Percentage of patients aged 50 years and older with a diagnosis of osteoporosis who were prescribed pharmacologic therapy within 12 months

42. Pre-Operative Beta-blocker in Patients with Isolated Coronary Artery Bypass Graft (CABG) Surgery
Description: Percentage of patients undergoing coronary artery bypass graft (CABG) surgery who received a beta-blocker pre-operatively
45. Perioperative Care: Discontinuation of Prophylactic Antibiotics (Cardiac Procedures)
Description: Percentage of cardiac surgical patients aged 18 years and older undergoing procedures with the indications for prophylactic antibiotics AND who received a prophylactic antibiotic, who have an order for discontinuation of prophylactic antibiotics within 48 hours of surgical end time

46. Medication Reconciliation
Description: Percentage of patients aged 65 years and older discharged from any inpatient facility (e.g., hospital, skilled nursing facility, or rehabilitation facility) and seen within 60 days following discharge in the office by the physician providing on-going care who had a reconciliation of the discharge medications with the current medication list in the medical record documented

47. Advance Care Plan
Description: Percentage of patients aged 65 years and older with documentation of a surrogate decision-maker or advance care plan in the medical record

48. Assessment of Presence or Absence of Urinary Incontinence in Women Aged 65 Years and Older
Description: Percentage of female patients aged 65 years and older who were assessed for the presence or absence of urinary incontinence within 12 months

49. Characterization of Urinary Incontinence in Women Aged 65 Years and Older
Description: Percentage of female patients aged 65 years and older with a diagnosis of urinary incontinence whose urinary incontinence was characterized at least once within 12 months

50. Plan of Care for Urinary Incontinence in Women Aged 65 Years and Older
Description: Percentage of female patients aged 65 years and older with a diagnosis of urinary incontinence with a documented plan of care for urinary incontinence at least once within 12 months

51. Chronic Obstructive Pulmonary Disease (COPD): Spirometry Evaluation
Description: Percentage of patients aged 18 years and older with a diagnosis of COPD who had spirometry evaluation results documented

52. Chronic Obstructive Pulmonary Disease (COPD): Bronchodilator Therapy
Description: Percentage of patients aged 18 years and older with a diagnosis of COPD and who have an FEV1/FVC less than 70% and have symptoms who were prescribed an inhaled bronchodilator

53. Asthma: Pharmacologic Therapy
Description: Percentage of patients aged 5 to 40 years with a diagnosis of mild, moderate, or severe persistent asthma who were prescribed either the preferred long-term control medication (inhaled corticosteroid) or an acceptable alternative treatment

54. Electrocardiogram Performed for Non-Traumatic Chest Pain
Description: Percentage of patients aged 40 years and older with an emergency department discharge diagnosis of non-traumatic chest pain who had an electrocardiogram (ECG) performed

55. Electrocardiogram Performed for Syncope
Description: Percentage of patients aged 60 years and older with an emergency department discharge diagnosis of syncope who had an ECG performed

56. Vital Signs for Community-Acquired Bacterial Pneumonia
Description: Percentage of patients aged 18 years and older with a diagnosis of community-acquired bacterial pneumonia with vital signs documented and reviewed

57. Assessment of Oxygen Saturation for Community-Acquired Bacterial Pneumonia
Description: Percentage of patients aged 18 years and older with a diagnosis of community-acquired bacterial pneumonia with oxygen saturation documented and reviewed
58. Assessment of Mental Status for Community-Acquired Bacterial Pneumonia
Description: Percentage of patients aged 18 years and older with a diagnosis of community-acquired bacterial pneumonia with mental status assessed

59. Empiric Antibiotic for Community-Acquired Bacterial Pneumonia
Description: Percentage of patients aged 18 years and older with a diagnosis of community-acquired bacterial pneumonia with an appropriate empiric antibiotic prescribed

60. Gastroesophageal Reflux Disease (GERD): Assessment for Alarm Symptoms
Description: Percentage of patients aged 18 years and older with a diagnosis of GERD, seen for an initial evaluation, who were assessed for the presence or absence of the following alarm symptoms: involuntary weight loss, dysphagia, and GI bleeding

61. Gastroesophageal Reflux Disease (GERD): Upper Endoscopy for Patients with Alarm Symptoms
Description: Percentage of patients aged 18 years and older with a diagnosis of GERD, seen for an initial evaluation, with at least one alarm symptom who were either referred for upper endoscopy or had an upper endoscopy performed

62. Gastroesophageal Reflux Disease (GERD): Biopsy for Barrett’s Esophagus
Description: Percentage of patients aged 18 years and older with a diagnosis of GERD or heartburn whose upper endoscopy report indicates a suspicion of Barrett’s esophagus who had a forceps esophageal biopsy performed

63. Gastroesophageal Reflux Disease (GERD): Barium Swallow- Inappropriate Use
Description: Percentage of patients aged 18 years and older with a diagnosis of GERD, seen for an initial evaluation, who did not have a Barium swallow test ordered

64. Asthma Assessment
Description: Percentage of patients aged 5 to 40 years with a diagnosis of asthma who were evaluated during at least one office visit within 12 months for the frequency (numeric) of daytime and nocturnal asthma symptoms

65. Appropriate Treatment for Children with Upper Respiratory Infection (URI)
Description: Percentage of children aged 3 months-18 years with a diagnosis of upper respiratory infection (URI) who were not dispensed an antibiotic prescription on or 3 days after the episode date

66. Appropriate Testing for Children with Pharyngitis
Description: Percentage of children aged 2-18 years with a diagnosis of pharyngitis, who were prescribed an antibiotic and who received a group A streptococcus (strep) test for the episode

67. Myelodysplastic Syndrome (MDS) and Acute Leukemias: Baseline Cytogenetic Testing Performed on Bone Marrow
Description: Percentage of patients aged 18 years and older with a diagnosis of MDS or an acute leukemia who had baseline cytogenetic testing performed on bone marrow

68. Myelodysplastic Syndrome (MDS): Documentation of Iron Stores in Patients Receiving Erythropoietin Therapy
Description: Percentage of patients aged 18 years and older with a diagnosis of MDS who are receiving erythropoietin therapy with documentation of iron stores prior to initiating erythropoietin therapy
69. Multiple Myeloma: Treatment With Bisphosphonates
Description: Percentage of patients aged 18 years and older with a diagnosis of multiple myeloma, not in remission, who were prescribed or received intravenous bisphosphonate therapy within the 12 month reporting period.

70. Chronic Lymphocytic Leukemia (CLL): Baseline Flow Cytometry
Description: Percentage of patients aged 18 years and older with a diagnosis of CLL who had baseline flow cytometry studies performed.

71. Hormonal Therapy for Stage IC-III, ER/PR Positive Breast Cancer
Description: Percentage of stage IC-III, estrogen receptor (ER) or progesterone receptor (PR) positive, female breast cancer patients aged 18 years and older who are receiving tamoxifen or aromatase inhibitor (AI) at the time of the visit.

72. Chemotherapy for Stage III Colon Cancer Patients
Description: Percentage of stage III colon cancer patients aged 18 to 80 years who were prescribed chemotherapy.

73. Plan for Chemotherapy Documented Before Chemotherapy Administered
Description: Percentage of cancer patients for whom a plan for the amount of chemotherapy to be given was documented before the chemotherapy was administered.

74. Radiation Therapy Recommended for Invasive Breast Cancer Patients Who Have Undergone Breast Conserving Surgery
Description: Percentage of invasive female breast cancer patients aged 18 to 70 years old who have undergone breast conserving surgery and who have received a recommendation for radiation therapy within 12 months of the first office visit.

Frequently Asked Questions

Who is included in the definition of eligible professional?

Covered professional services are those based on the Medicare Physician Fee Schedule. Section 101 of the Tax Relief and Health Care Act of 2006 (TRHCA) defines “eligible professional” as the following:

- Medicare Physician, as defined in Social Security Act (SSA) §1861(r)
  - Doctor of Medicine
  - Doctor of Osteopathy
  - Doctor of Podiatric Medicine
  - Doctor of Optometry
  - Doctor of Oral Surgery
  - Doctor of Dental Medicine
  - Chiropractor
- Practitioners described in the SSA § 1842 (b)(18)(C)
  - Physician Assistant
  - Nurse Practitioner
  - Clinical Nurse Specialist
  - Certified Registered Nurse Anesthetist
  - Certified Nurse Midwife
  - Clinical Social Worker
  - Clinical Psychologist
  - Registered Dietician
  - Nutrition Professional
- Therapists
  - Physical Therapist
  - Occupational Therapist
  - Qualified Speech – Language Therapist
How will CMS assure that the data they receive is accurate? Is there a way to validate the data submitted?

The Tax Relief and Healthcare Act (TRHCA) of 2006 (H.R. 6111) contains language that states there will be a method of validation by sampling, or other means, to validate whether measures applicable to covered professional services of an eligible professional have been reported. At this time, this is all the detail that has been published.

Are the measures used for this program likely to change throughout the year?

Modifications or refinements for the application of the measures may be osted on the CMS website, but the 2007 measures will not be changed according to the TRHCA.

No later than November 15, 2007, the measures to be used for the 2008 reporting year will be published and available on the CMS website noted below.

Is there a billable charge that is associated with the use of the G codes?
No. CMS has instructed contractors to inform the provider community that these codes are for voluntary reporting purposes only, and physicians should not charge for these codes. Likewise, contractors are not to charge for these codes according to the legislation.

What happens if a patient has a contraindication to a particular measure? Is the physician penalized for non-compliance in reporting?

CMS has reported the availability of a Not Applicable response to be utilized in these circumstances.

Is CMS continuing to issue PQRI provider feedback reports to participants and if so, what information will they contain?

CMS will provide confidential feedback reports at or near the time that the bonus payments are made in mid-2008. The reports are expected to contain reporting and performance information on claims from July 1, 2007 – December 31, 2007, however, the exact format and content of the reports has not yet been determined.

How much money has CMS allocated for this program and is CMS paying for results or participation?

There is no dollar limit for bonuses paid nationally in 2007. For 2008 and beyond a Physician Assistance and Quality Initiative Fund will be established for physician payment and quality improvement activities. Monies totaling $1.35 billion shall be made available for Fund expenditures. At this point in time, the PQRI is a pay-for-reporting model, however, it is possible that this initiative could evolve to a pay-for-performance model in the same manner as the CMS and Hospital Quality Alliance initiative is.
I have more questions about the PQRI. Where can I go to have them answered? From http://www.cms.hhs.gov/PQRI/01_Overview.asp there is an "All PQRI FAQs" link.