

PQRI MEASURE APPLICABILITY VALIDATION PROCESS

As required by the Tax Relief and Health Care Act of 2006 (TRHCA), the 2007 Physician Quality Reporting Initiative (PQRI) will include a validation process. The determination of satisfactory reporting, as defined by TRHCA, will itself serve as a general validation because the analysis will assess whether quality data codes are appropriately submitted when a reporting opportunity exists. In addition, for those professionals who satisfactorily submit quality codes for fewer than three PQRI measures, a measure-applicability validation process will determine whether they could have submitted quality codes for additional measures.

CMS will apply a two-step process to operationalize measure-applicability validation: (1) a “clinical relation” test, and (2) a “minimum threshold” test. Those who fail the validation process will not receive the PQRI bonus payment for 2007.

CMS may determine that it is necessary to modify the measure-applicability validation process after the start of the reporting period. However, any changes will result in the process being applied more leniently, thereby allowing a greater number of professionals to pass validation.

Prerequisites for Measure-Applicability Validation. Eligible professionals who submit quality codes for only one or only two PQRI measures for at least 80 percent of their patients or encounters eligible for the measure(s)—and who do not submit any quality codes for any other measure—will be subject to the measure-applicability validation process. Selection of professionals for measure-applicability validation may be accomplished through a sampling mechanism.

Exclusion of Certain Measures. For 2007 measure-applicability validation, CMS will not include measures that are deemed to be generally or broadly applicable to all or many Medicare patients. At least the following measures will be excluded from measure-applicability validation:

- #1 – Hemoglobin A1c Poor Control in Type 1 or 2 Diabetes Mellitus
- #2 – Low Density Lipoprotein Control in Type 1 or 2 Diabetes Mellitus
- #3 – High Blood Pressure Control in Type 1 or 2 Diabetes Mellitus
- #4 – Screening for Future Fall Risk
- #5 – Heart Failure: Angiotensin-Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker (ARB) Therapy for Left Ventricular Systolic Dysfunction (LVSD)
- #6 – Oral Antiplatelet Therapy Prescribed for Patients with Coronary Artery Disease
- #7 – Beta-Blocker Therapy for Coronary Artery Disease Patients with Prior Myocardial Infarction (MI)

- #8 – Heart Failure: Beta-Blocker Therapy for Left Ventricular Systolic Dysfunction (LVSD)
- #9 – Antidepressant Medication During Acute Phase for Patients with New Episode of Major Depression
- #39 – Screening or Therapy for Osteoporosis for Women Aged 65 Years and Older
- #46 – Medication Reconciliation
- #47 – Advance Care Plan
- #48 – Assessment of Presence or Absence of Urinary Incontinence in Women Aged 65 Years and Older
- #51 – Chronic Obstructive Pulmonary Disease (COPD): Spirometry Evaluation
- #52 – Chronic Obstructive Pulmonary Disease (COPD): Bronchodilator Therapy

Prior to performing the analysis to determine satisfactory PQRI reporting, CMS may determine that additional PQRI measures are generally or broadly applicable to Medicare patients and should be excluded from measure-applicability validation. Any additions to this list will be published on CMS' PQRI website as soon as possible after a determination has been made.

Step 1: Clinical Relation Test. The clinical relation test is the first step in the two-step measure-applicability validation that will be applied to those who are subject to the validation process. This test is based on: (1) an extension of the statutory presumption that if a professional submits data for a measure, then that measure applies to her/his practice and (2) the concept that if one measure related to a particular clinical focus area is applicable to a professional's practice, then other closely-related measures in that same clinical area may also be applicable.

The following is an example of how the clinical relation test will be applied: A professional who is subject to measure-applicability validation submitted quality codes for one of the PQRI measures related to pneumonia. That professional's claims will then be analytically assessed using the minimum threshold test described below to determine whether another pneumonia measure (or two more pneumonia measures) could also have been submitted.

The list of related clinical areas and the PQRI measures that are included within each clinical area are presented below. CMS may determine that certain clinical areas should be removed from the list or that certain measures should be removed from clinical areas. Any modifications will be published on CMS' PQRI website as soon as possible after a determination has been made.

Step 2: Minimum Threshold Test. This second step will be applied to those who are subject to measure-applicability validation and who have potential additional measures that could have been submitted identified during the clinical relation test. The minimum threshold test is based on the concept that only if, during the reporting period, a professional treated more than a certain number of Medicare patients with a condition to which a certain

measure applied (that is, the professional treated more than a “threshold” number of patients or encounters), then that professional should be accountable for submitting the quality code(s) for that measure. For the 2007 reporting period, the common minimum threshold, based on statistical and clinical frequency considerations, will not be less than 50 patients or encounters for each 2007 PQRI measure.

The following are examples of how the minimum threshold test will be applied: An emergency department (ED) physician treated 55 Medicare patients with pneumonia during the 2007 six-month reporting period. If that ED physician is subject to validation and was found to have submitted quality codes for at least one of the pneumonia measures under the clinical relation test, then the physician would be deemed responsible for submitting quality codes for at least one other PQRI pneumonia measure and will not receive the 2007 bonus payment. Alternatively, if an internist was subject to validation and was found to have submitted quality codes for at least one of the pneumonia measures under the clinical relation test but treated only 2 Medicare patients with pneumonia during the same period, then the internist would not be responsible for submitting the additional pneumonia measures and would not be precluded from receiving a bonus payment.

During the reporting period, CMS will determine a minimum threshold for each individual PQRI measure based on an analysis of Part B claims data. However, no threshold will fall below the common threshold of 50 patients or encounters described above.

Other Program Integrity Considerations. Quality codes submitted on claims must be consistent with the supporting medical record documentation. Other laws and regulations relating to Medicare program integrity may also apply to the PQRI.

Determination of PQRI Applicable Measures
CLINICAL AREAS AND INCLUDED MEASURES

Cluster	Clinical Focus	Measure	Denominator
#1	Asthma	#53 - Pharmacologic Therapy	All patients aged 5-40 years with a diagnosis of mild, moderate or severe persistent asthma
	Asthma	#64 - Asthma Assessment	All patients aged 5-40 years with a diagnosis of asthma
#2	Melanoma	#25 - Patient Medical History	All patients with either a current diagnosis of cutaneous melanoma or a history of cutaneous melanoma
	Melanoma	#26 - Complete Physical Skin Examination	All patients with either a current diagnosis of cutaneous melanoma or a history of cutaneous melanoma
	Melanoma	#27 - Counseling on Self-Examination	All patients with either a current diagnosis of cutaneous melanoma or a history of cutaneous melanoma
#3	Myelodysplastic Syndrome (MDS) and Acute Leukemia	#67 - Myelodysplastic Syndrome (MDS) and Acute Leukemias: Baseline Cytogenetic Testing Performed on Bone Marrow	All patients aged 18 years and older with a diagnosis of MDS or acute leukemia
	Myelodysplastic Syndrome (MDS)	#68 - Documentation of Iron Stores in Patients Receiving Erythropoietin Therapy	All patients aged 18 years and older with a diagnosis of MDS who are receiving erythropoietin
#4	Pneumonia	#56 - Vital Signs for Community-Acquired Bacterial Pneumonia	All patients aged 18 years and older with a diagnosis of community-acquired bacterial pneumonia
	Pneumonia	#57 - Assessment of Oxygen Saturation for Community-Acquired Bacterial Pneumonia	All patients aged 18 years and older with a diagnosis of community-acquired bacterial pneumonia
	Pneumonia	#58 - Assessment of Mental Status for Community-Acquired Bacterial Pneumonia	All patients aged 18 years and older with a diagnosis of community-acquired bacterial pneumonia

Cluster	Clinical Focus	Measure	Denominator
	Pneumonia	#59 - Empiric Antibiotic for Community-Acquired Bacterial Pneumonia	All patients aged 18 years and older with a diagnosis of community-acquired bacterial pneumonia
#5	ESRD	#37 - Dialysis Dose in End Stage Renal Disease (ESRD) Patients	Patients aged 18 years and older with a diagnosis of end-stage renal disease undergoing hemodialysis
	ESRD	#38 - Hematocrit Level in End Stage Renal Disease (ESRD) Patients	Patients aged 18 years and older with a diagnosis of end-stage renal disease undergoing hemodialysis
#6	Age-Related Macular Degeneration	#13 - AMD: Age-Related Eye Disease Study (AREDS)-Prescribed/Recommended	All patients aged 50 years and older with diagnosis of age-related macular degeneration
	Age-Related Macular Degeneration	#14 - AMD: Dilated Macular Examination	All patients aged 50 years and older with diagnosis of age-related macular degeneration
#7	Cataracts	#16 - Cataracts: Documentation of Pre-surgical Axial Length, Corneal Power Measurement, and Method of Intraocular Lens Power Calculation	All patients age 18 years and older who had cataract surgery
	Cataracts	#17 - Cataracts: Pre-surgical Fundus Evaluation	All patients age 18 years and older who had cataract surgery
#8	Diabetic Retinopathy	#18 - Diabetic Retinopathy: Documentation of Presence or Absence of Macular Edema and Level of Severity of Retinopathy	All patients aged 18 years and older with a diagnosis of diabetic retinopathy
	Diabetic Retinopathy	#19 - Diabetic Retinopathy: Communication with the Physician Managing Ongoing Diabetes Care	All patients aged 18 years and older with a diagnosis of diabetic retinopathy
#9	GERD	#60 - Assessment for Alarm Symptoms	All patients aged 18 years and older with the diagnosis of GERD, seen for an initial evaluation
	GERD	#61 - Upper Endoscopy for Patients with Alarm Symptoms	All patients aged 18 years and older with the diagnosis of GERD, seen for an initial evaluation, with documentation of at least one alarm symptom

Cluster	Clinical Focus	Measure	Denominator
	GERD	#62 - Biopsy for Barrett's Esophagus	All patients aged 18 years and older with a diagnosis of GERD or heartburn whose upper endoscopy report indicates a suspicion of Barrett's esophagus
	GERD	#63 - Barium Swallow - Inappropriate Use	All patients aged 18 years and older seen for an initial evaluation of GERD
#10	Urinary Incontinence	#49 - Characterization of Urinary Incontinence	All female patients aged 65 years and older with a diagnosis of urinary incontinence
	Urinary Incontinence	#50 - Plan of Care for Urinary Incontinence	All female patients aged 65 years and older with a diagnosis of urinary incontinence
#11	Osteoporosis - Discharge/Transition (osteoporosis post fracture cluster)	#24 - Communication with the Physician Managing On-going Care Post Fracture	All patients 50 years and older treated for hip, spine or distal radial fracture
	Osteoporosis – Management (osteoporosis post fracture cluster)	#40 - Management Following Fracture	All patients aged 50 years and older with a fracture of the hip, spine or distal radius
#12	Osteoporosis – Management (osteoporosis pharmacologic cluster)	#41 - Pharmacologic Therapy	All patients aged 50 years and older with the diagnosis of osteoporosis
	Osteoporosis – Management (osteoporosis pharmacologic cluster)	#42 - Counseling for Vitamin D, Calcium Intake and Exercise	All patients regardless of age with the diagnosis of osteoporosis
#13	CABG	#43 - Use of Internal Mammary Artery in Coronary Artery Bypass Graft (CABG) Surgery	Patients who received an arterial graft during coronary artery bypass graft surgery

Cluster	Clinical Focus	Measure	Denominator
	CABG	#44 - Pre-operative Beta-blocker in Patients with Isolated Coronary Artery Bypass Graft (CABG) Surgery	Patients with coronary artery bypass graft
#14	Perioperative	#20 - Timing of Prophylactic Antibiotics - Ordering Physician	All surgical patients aged 18 years and older undergoing procedures with the indications for prophylactic parenteral antibiotics
	Perioperative	#21 - Selection of Prophylactic Antibiotic - First OR Second Generation Cephalosporin	All surgical patients aged 18 years and older undergoing procedures with the indications for first or second generation cephalosporin prophylactic antibiotic
	Perioperative	#22 - Discontinuation of Prophylactic Antibiotics (Non-Cardiac Procedures)	All non-cardiac surgical patients undergoing procedures with the indications for prophylactic antibiotics AND who received a prophylactic antibiotic
	Perioperative	#45 - Discontinuation of Prophylactic Antibiotics (Cardiac Procedures)	All cardiac surgical patients aged 18 years and older undergoing procedures with the indications for prophylactic antibiotics AND who received a prophylactic antibiotic
#15	Radiology	#10 - CT or MRI Reports	All final reports for CT or MRI studies of the brain performed within 24 hours of arrival to the hospital for patients 18 years and older with an admitting diagnosis of ischemic stroke or TIA or intracranial hemorrhage
	Radiology	#11 - Carotid Imaging Reports	Patients aged 18 years and older with a diagnosis of ischemic stroke or TIA
#16	Stroke (stroke management cluster)	#31 - Deep Vein Thrombosis (DVT) Prophylaxis for Ischemic Stroke & Intracranial Hemorrhage	All patients 18 years and older with the diagnosis of ischemic stroke or intracranial hemorrhage

Cluster	Clinical Focus	Measure	Denominator
	Stroke (stroke management cluster)	#34 - Tissue Plasminogen Activator (t-PA) Considered	All patients 18 years and older with the diagnosis of ischemic stroke whose time from symptom onset to arrival is less than 3 hours
	Stroke (stroke management cluster)	#35 - Screening for Dysphagia	All patients aged 18 years and older with the diagnosis of ischemic stroke and intracranial hemorrhage who received any food, fluids or medication by mouth
#17	Stroke - Discharge/Transition	#32 - Discharged on Antiplatelet Therapy	All patients aged 18 years and older with the diagnosis of ischemic stroke or transient ischemic attack (TIA)
	Stroke - Discharge/Transition	#33 - Anticoagulant Therapy Prescribed for Atrial Fibrillation at Discharge	All patients aged 18 years and older with the diagnosis of ischemic stroke or transient ischemic attack (TIA) with documented permanent, persistent, or paroxysmal atrial fibrillation
	Stroke - Discharge/Transition	#36 - Consideration of Rehabilitation Services	All patients 18 years and older with diagnosis of ischemic stroke or intracranial hemorrhage