



THE  
FEDERAL GROUP, INC.

# Memo

**To:** ACNM Members  
**From:** Patrick Cooney, Principal  
**Date:** December 15, 2006  
**Re:** Tax Relief and Health Care Act of 2006 – A Summary of Quality Measure Reporting Provisions

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As part of HR 6111, the “Tax Relief and Health Care Act of 2006,” Congress authorized a 1.5% bonus payment for professionals that submit quality data beginning July 1, 2007. If an eligible professional who furnishes covered professional services, reports on quality measures, the legislation provides a bonus payment equal to 1.5 % of the Secretary’s estimate of the allowed charges for such covered professional services during the reporting period.

This provision applies for covered professional services, meaning services for which payment is made under the Part B fee schedule and which are furnished by an eligible professional. The quality reporting section of HR 6111 defines the professionals eligible to participate. Certified nurse-midwives are explicitly included in that definition. Other professionals eligible to participate are physicians, physician assistants, nurse practitioners, clinical nurse specialists, certified registered nurse anesthetists, certified nurse-midwives, clinical social workers, clinical psychologists, physical therapists, occupational therapists, and speech language pathologists. Although physical therapists are eligible, in order to participate in the program the Centers for Medicare and Medicaid Services (CMS) must establish quality measures on which physical therapists are able to report.

From July 1, 2007 to December 31, 2007 the quality measures are identified as 2007 physician quality measures under the Physician Voluntary Reporting Program. CMS may change these measures based on the results of a consensus-based process. For services furnished in 2008, quality measures will be measures that have been adopted or endorsed by a consensus organization (such as the National Quality Forum or the Ambulatory Care Quality Alliance), including measures submitted by clinical specialties and identified by the Secretary as having been validated by a consensus-based process. The measures will include structure measures, such as the use of electronic health records. CMS is to publish these measures in the *Federal Register* by August 15, 2007 and provide for public comment. After public comment, the final measures will be published for implementation in 2008.

Payment under this section will be for covered professional services for which payment is made under the Part B fee schedule. Eligible professionals will be identified through billing units, which include the use of the Provider Identification Number, the unique physician identification number defined in Medicare statutes (Section 1833(q)(1)), the tax identification number, or the National Provider Identifier. The tax identification number must be used as the billing unit in 2007.

To obtain the bonus if there are no more than 3 quality measures that apply to the services of a particular professional, each quality measure must be reported in at least 80% of the cases in which it is available to use. To obtain the bonus if there are 4 or more quality measures that apply to the services of a particular professional, at least 3 such quality measures must be reported in at least 80% of the cases in which it is available to use.

For further information on the Physician Voluntary Reporting Program, please see the attached links.

<http://www.cms.hhs.gov/PVRP/Downloads/PVRPQualityMeasuresList.pdf>

<http://www.cms.hhs.gov/PVRP/Downloads/PVRPMeasureSpecifications.pdf>