M-CEITA | Michigan Center for Effective IT Adoption

Making Cents Out of the Physician Quality Reporting System:

Unraveling the PQRS Puzzle and Protecting Reimbursements

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M-CEITA Services

Meaningful Use Stage 1 Support

On-site support, including MU reports, actionable steps for resolving issues and technical support.

Meaningful Use Stage 2 Support

Technical assistance, including workflow redesign, security risk assessment and MU compliance. (e.g. patient portal and clinical quality measures)

Security Risk Assessment

Support meeting the requirements of Core Measure 15: Protect Electronic Health Information, including an assessment using our exclusive tool.

Targeted Process Optimization (Lean)

A workflow analysis and redesign of core processes using Lean principles to increase efficiency and reduce duplication. (e.g. chart prep, doc. Management)

Audit Preparation

A review of Meaningful Use attestation documentation using our exclusive Audit File Checklist, to correct any issues before completing the process.

Outline of Discussion

- PQRS Overview, we will cover:
  - ✓Reporting requirements
  - ✓Reporting methods
  - ✓Impact of failing to report
  - ✓The Value-Based Modifier (VM) and how it is related to PQRS
  - ✓Measure selection considerations
  - ✓Reporting deadlines and key considerations
  - ✓How to report once for MU and PQRS
  - ✓Will have a Q/A session at end of webinar

What is PQRS

What

- The quality reporting program for Medicare Part B (traditional fee for service) **Physician Quality Reporting System**

Who

- Eligible providers who bill under the physician fee schedule (part B)
  - Includes private practices
  - Excludes facility based providers (SNF, OP hospital, CORF, etc.) Also excludes RHC and FQHC

Why

- Providers are already seeing negative payment adjustments in their Medicare part B reimbursement if they did not participate in the program in 2013

Background and Context

- Nearly 500,000 providers have already received downward payment adjustments (in 2015 for care delivered in 2013)

- CMS plans to link approximately 50% of all provider payments to quality initiatives by 2018

PQRS – Background

- The Physician Quality Reporting System (PQRS) is a CMS quality reporting program
- Applies a negative payment adjustment to promote the reporting of quality information by eligible professionals (EPs)
- 2014 program year was the last year of incentives - no payment incentive for care delivered beyond 2014
- Opportunity for EPs to avoid the PQRS payment adjustment in 2017 for care delivered in 2015

PQRS and Meaningful Use

- PQRS applies whether you are pursuing Meaningful Use (MU) or not
- MU and PQRS are two separate programs
- *It is possible to report once for ***both*** MU and PQRS:
  - **Applies to Medicare EHR Incentive Program only*

Eligible Professionals (EPs)

- Any provider that sees Medicare Part B patients is eligible to participate in PQRS

- Eligible professionals that are providing services that are reimbursed under or based on the Medicare Physician Fee Schedule (PFS)

List of Eligible Professionals

- Physicians:
  - Doctor of Medicine
  - Doctor of Osteopathy
  - Doctor of Podiatric Medicine
  - Doctor of Optometry
  - Doctor of Oral Surgery
  - Doctor of Dental Medicine
  - Doctor of Chiropractic
- Therapists:
  - Physical Therapist
  - Occupational Therapist
  - Qualified Speech-Language Therapist
- Practitioners:
  - Physician Assistant /Nurse Practitioner*
  - Clinical Nurse Specialist*
  - Certified Registered Nurse Anesthetist* (and Anesthesiologist Assistant)
  - Certified Nurse Midwife*
  - Clinical Social Worker
  - Clinical Psychologist
  - Registered Dietician
  - Nutrition Professional
  - Audiologists

**Includes Advanced Practice Registered Nurse (APRN)*

2015 PQRS Measures

- There are 250 PQRS measures for 2015
- EPs and PQRS group practices are not required to report on all of the measures
- Need to select the measures they would like to report:
  - *Select based on practice specialty*
  - *Consider measures that are consistent with the care you deliver*
  - *Consider measures that can be easily met within existing workflow*

Link to CMS Measures Code

https://www.cms.gov/medicare/quality-initiatives-patient-assessment-instruments/pqrs/measurescodes.html

The Six NQS Domains

PQRS measures are aligned with the National Quality Strategy (NQS) Domains

National Quality Strategy Domains
1. Effective Clinical Care Communication
2. Communication and Care Coordination
3. Efficiency and Cost Reduction
4. Person and Caregiver-Centered Experience and Outcomes
5. Community/Population Health
6. Patient Safety

A Few Things to Consider

- Two reporting options – individual vs. group
- Not to be confused with individual measures vs. group measures
- Difference between reporting option vs. reporting mechanism
- Reporting option will influence the reporting mechanism
- Key dates – meeting PQRS deadlines

Reporting Timeframe

- PQRS is a 12 month program (based on a calendar year)
- Reporting data will cover care delivered in 2015 *(January 1, 2015 thru December 31, 2015)*
- Reporting deadlines vary by reporting mechanism used
- For example, if reporting via the EHR, the reporting deadline is February 29, 2016

Reporting Options

- There are two PQRS reporting options:
  - *Group reporting option (GPRO)*
  - *Individual reporting option*

Group Practice Defined

- A “group practice” is defined as a single Tax Identification Number (TIN) with 2 or more individual EPs

- Individual EPs must have reassigned their billing rights to the single TIN

Group Practice Reporting Option

- Reporting as a group practice (GPRO):
  - *The practice as a whole participates as a group practice*
  - *Available to practices with 2 or more Eligible Professionals (EPs)*

Registering to Report - Group Practice

- In order to report as a group practice, must have an approved Individuals Authorized Access to the CMS Computer Services (IACS) account – now called *Enterprise Identity Management Account* (EIDM)
- Must also have indicated their reporting mechanism for the 12-month period
- Registration deadline has passed: June 30, 2015
- Cannot make changes after June 30, 2015 deadline

Reporting Mechanisms- *Group Practices*

Group Practices may choose to report information on PQRS quality measures using the following mechanisms:

(1) Qualified PQRS registry (MAV WARNING)

(2) Web Interface (for groups of 25+ EPs only)

(3) Direct EHR using CEHRT

(4) CEHRT via Data Submission Vendor

(5) *CAHPS for PQRS via CMS-certified survey vendor to supplement PQRS group practice reporting

**Consumer Assessment of Healthcare Providers and Systems*

Group Reporting Mechanisms

- Reporting via Qualified PQRS Registry or via EHR:
  - *Report on at least 9 individual measures covering at least 3 NQS domains for at least 50% of the group's Medicare Part B FFS patients*
  - *Report on at least 6 individual measures covering at least 2 NQS domains for at least 50% of the group's Medicare Part B FFS patients* ***AND*** *participate in the Consumer Assessment of Healthcare Providers and Systems (**CAHPS)** survey with a CMS-Certified Survey Vendor*
- Web Interface (available to groups of 25+ EPs)

GPRO Using EHR

Additional information – EHR Direct or via Data Submission Vendor:

https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/Downloads/2015_GPRO_EHR_Reporting_forGroups.pdf

Individual Reporting Option

- Report separately for each provider:
  - *All providers participate as individual EPs*
  - *Select measures separately for each provider*
  - **No "registration" required for individual reporting option*

Additional Requirement – EHR Option

- If reporting directly from the EHR (not using a Data Submission Vendor):
  - *Will need to sign-up for a EIDM account with CMS*
- This process can take up to two months
- Link to registration guide:

https://www.qualitynet.org/imageserver/pqri/documents/EHR%20Submitter%20Role.pdf

Reporting Mechanisms - *Individual*

Individual EPs may choose to report information on individual PQRS quality measures or *measures groups using the following mechanisms:

(1) Medicare Part B claims (MAV WARNING)

(2) Qualified PQRS registry (MAV WARNING)

(3) Direct electronic health record (EHR) *using certified EHR technology (CEHRT)*

(4) CEHRT via Data Submission Vendor

(5) Qualified clinical data registry (QCDR)

**Measures group can only be used with registry reporting method*

Individual Reporting Mechanisms

- Claims, Registry, EHR-based, or QCDR:
  - *Report on at least **9 individual measures** covering at least **3 NQS domains** for at least 50% of the EP's Medicare Part B FFS patients*
- Registry:
  - *If using a PQRS Qualified Registry to report - can report using a **measures group***
  - *A measures group can only be used with the registry to reporting mechanism*
  - *Report at least **1 measures group** on a 20-patient sample, a majority of which (at least 11 out of 20) must be Medicare Part B FFS patients*

Measures Group

- Group of related measures containing between 4-10 measures
- There are 22 Measures Groups to choose from for 2015
- Link to information about measure groups:

https://www.cms.gov/apps/ama/license.asp?file=/PQRS/downloads/2015_PQRS_MeasuresGroupsSpecs_SupportingDocs_111214.zip

Cross-Cutting Measures

- New requirement for 2015 for the claims and registry reporting for individual measures
- EPs or group practices are required to report one (1) cross-cutting measure if they have at least one (1) Medicare patient with a face-to-face encounter
- A face-to-face encounter is any instance in which the EP billed for services that are associated with face-to-face encounters under the Medicare Physician Fee Schedule (MPFS)
- Link to cross-cutting measures list:

https://www.cms.gov/apps/ama/license.asp?file=/PQRS/Downloads/2015_PQRS_CrosscuttingMeasures_12172014.pdf

Measure-Applicability Validation

- MAV

- Process applied as part of the PQRS Program to individual eligible professionals (EPs) or group practices – MAV applies when:
  - *Report less than nine measures*
  - *Or report nine or more measures with less than three NQS domains*

- Used to determine if there are related measures that could have been reported

MAV Applies To……..

- Applies to an individual EPs reporting individual measures via claims and that report less than nine measures across three NQS domains

- Applies to individual EPs or group practices using a registry vendor to submit individual quality measures and submits less than nine measures across three NQS domains

When MAV Kicks-In (Claims)

- Quality data is submitted for only 1-8 PQRS measures (for at least 50% of patients/encounters eligible)
- EPs submit PQRS measures across less than 3 NQS domains (for at least 50% of patients/encounters)
- EPs that saw at least 1 Medicare patient (face-to-face encounter) but did not report on at leas1 cross-cutting measure
- Link to more information on MAV:

https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/Downloads/MAV_PDFcourse72514.pdf

When MAV Kicks-In (Registry)

- If quality data is submitted for only 1-8 PQRS measures for at least 50% of patients/encounters eligible
- If EPs submit PQRS measures across less than 3 NQS domains for at least 50% of patients/encounters
- EPs that saw at least 1 Medicare patient (face-to-face encounter) but did not report on at leas1 cross-cutting measure

PQRS and MU

- Two separate incentive programs
- Can report once for both MU and PQRS
- EP satisfactorily reports for 2015 PQRS using the electronic reporting option - directly through their certified EHR or through a DSV (Data Submission Vendor):
  - *Will also satisfy the CQM component of the Medicare EHR incentive program*

Reporting Once – PQRS & MU

- Submit one set of eCQMs to satisfy the CQM component for MU+ PQRS criteria
- Note – this only applies to those participating in Medicare MU – not applicable for Medicaid
- The reporting period for 2015 PQRS is 12 months
- CMS document:
  - *How to Report Once for 2015 Medicare Quality Reporting Programs*

https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/Downloads/2015_How_to_Report_Once.pdf

MU and PQRS

- If providers/practices have been participating in MU, you already have a solid starting point for PQRS reporting
- Practices that have been successful with MU tend to do well with their PQRS reporting too

Important – PQRS and MU

EPs and group practices electronically reporting PQRS using an EHR are required to use the July 2014 updated version of the 2014 eCQMs for the 2015 program year.

PQRS & Value - Based Modifier

- The Value-Based Modifier (VM) program requires providers to meet goals related to quality and cost - and uses PQRS reported data
- CMS began phase-in of the VM in 2015 based on 2013 reporting data for groups of 100 or more EPs
- Phase-in to be completed in 2017
- VM will be applied to solo practitioners and group practices of two or more EPs in 2017

The Value-Based Modifier

- Providers reporting PQRS do not need to report additional data in order to meet VM requirements
- VM rewards high-performing providers with increased payments and reduces payments to low-performing providers
- CMS will create a composite score for each practice, reflecting the quality and cost of care - compared against national benchmarks

Impact of Value - Based Modifier

- PQRS non- reporters:
  - *Starting in 2017, groups with 2-9 EPs and solo practitioners will receive a -2% downward adjustment of Medicare PFS*
  - *Groups with 10+ EPs will receive an automatic -4% downward adjustment*

A practice that doesn't report PQRS is penalized at the highest possible rate, combining automatic penalties for PQRS and VM **(can be as high as 6% in 2017)**

- 2% for practices with 1-9 EPs (VM)
- 4% for practices with 10+ EPs (VM)

Getting Started – PQRS

- Determine the optimal reporting approach or reporting option (group or individual)
- Select the appropriate quality measures based on practice/specialty
- Ensure EHR is able to report if using EHR reporting option – ability to capture selected measure data as part of workflow
- Develop your “PQRS Action Plan” – what, who, when, how, etc.

M-CEITA PQRS Service Offering

- Provide a summary of recommend PQRS next steps based on your specific practice/specialty
  - *Assist clients with Identifying measures that providers are eligible to report*
  - *Assist clients with selecting measures most relevant to their practice/specialty*
  - *Assist clients with selecting the most appropriate submission method*
  - *Work with EHR vendor to ensure successful reporting*

Additional CMS Resources

PQRS – Getting Started

https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-instruments/PQRS/How_To_Get_Started.html

Measure Codes (individual and group)

https://www.cms.gov/medicare/quality-initiatives-patient-assessment-instruments/pqrs/measurescodes.html

MAV Information

https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/Downloads/MAV_PDFcourse72514.pdf

FAQs

https://questions.cms.gov/faq.php?id=5005&rtopic=1893&rsubtopic=7163

Contact Information

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Questions?