Objectives

- Define the purpose of the Physician Quality Reporting System (PQRS) incentive program
- Identify the 2014 PQRS changes
- State the different PQRS reporting options
- Understand the program’s incentives and penalties

What is PQRS?

- CMS pay-for-reporting incentive program started in 2007
  - Medicare Part B Fee-for-Service (FFS) payments
- Promotes reporting of specific quality measures
  - Encourages improvements in weak measures
  - Allows peer comparison
  - Improves patient care
What are the Incentives and Penalties?

• Incentive payments
  – 2% at the height of the program
  – 0.5%* in 2014 (last year for incentive payment)

• Downward pay adjustments begin in 2015 for not reporting
  – 2 year look back
  – 2015: 1.5% adjustment
  – 2016 and beyond: 2% adjustment
    • 2016 penalties, based on 2014 participation
*subject to 2% sequestration reduction

What Is PQRS Used For?

• Calculates a quality composite score for the group for the Value-based Payment Modifier (VM)

• Populates data for the Physician Compare:
  www.medicare.gov/physiciancompare

Who Is a PQRS EP?

Medicare physicians
  – Doctor of Medicine
  – Doctor of Osteopathy
  – Doctor of Podiatric Medicine
  – Doctor of Optometry
  – Doctor of Oral Surgery
  – Doctor of Dental Medicine
  – Doctor of Chiropactic

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

Note: PQRS, NCIC, independent labs or diagnostic testing centers, CAHs and ACOs are excluded from PQRS reporting. See CMS PQRS website for complete listing.
What's New

• Measure Applicability Verification (MAV)

• Consumer Assessment of Healthcare Providers & Systems Clinician and Group Survey (CG-CAHPS)
  – ≥ 25 EP group – optional supplement
  – ≥ 100 EP group using GPRO Web Interface - required

• Qualified Clinical Data Registry (QCDR)

• New reporting requirements via claims, registry, and EHR to receive incentive: 9 measures across 3 National Quality Strategy (NQS) domains

What's New (cont’d)

National Quality Strategy Domains:
• Effective Clinical Care
• Patient Safety
• Communication and Care Coordination
• Person- and Caregiver-centered Experience & Outcomes
• Efficiency and Cost Reduction
• Community/Population Health

What's New (cont’d)

• All Measures Groups reportable via Registry Only

• EHR reporting option removed from 6 measures and added to 11 measures

• Claims-based reporting option removed from 17 individual measures
What’s New (cont’d)

- Addition of EHR Reporting for GPRO
- Elimination of Administrative Claims for purposes of avoiding the 2016 PQRS payment adjustment
- Reporting 3 measures across 1 domain can be used to avoid the 2016 PQRS payment adjustment (Claims & Registry)

Measure Applicability Validation (MAV)

- Is used if an EP reports <9 measures or 9+ measures from <3 domains to verify that there weren’t other measures that could have been reported
- Applies to claims and registry reporting
- All reported measures were satisfactorily reported
  - ≥50% of applicable Medicare Part B FFS patients

MAV (cont’d)

- EPs with a specialty that has <9 measures or <3 domains are subject to MAV but could still be eligible for incentive payment or avoid the payment adjustment
- EPs who fail MAV will not earn the PQRS incentive payment for 2014 and may be subject to 2016 payment adjustments
**Reporting Methods – Individual EPs**

**Earn Incentive and/or Avoid Adjustment**

<table>
<thead>
<tr>
<th>Method</th>
<th>Requirements to Earn Incentive</th>
<th>Requirements to Avoid Adjustment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Claims</td>
<td>9 Measures in 3 Domains</td>
<td>3 Measures</td>
</tr>
<tr>
<td>Registry</td>
<td>9 Measures in 3 Domains</td>
<td>3 Measures</td>
</tr>
<tr>
<td>Registry: Measure Groups</td>
<td>1 Measure Group, 20 Patients</td>
<td>1 Measure Group, 20 Patients</td>
</tr>
<tr>
<td>Qualified Clinical Data Registry*</td>
<td>9 Measures in 3 Domains</td>
<td>3 Measures</td>
</tr>
<tr>
<td>EHR Submission - Direct or DSV*</td>
<td>9 Measures in 3 Domains</td>
<td>9 Measures in 3 Domains</td>
</tr>
</tbody>
</table>

*Align with MU

**Qualified Clinical Data Registry (QCDR)**

- Collect medical and/or clinical data
- Measure data not limited to Medicare beneficiaries
- Must meet the criteria of 9 measures across 3 domains
- They will be allowed to create measures that are not currently a choice for PQRS*


*Note: A QCDR is different from a qualified registry in that it is not limited to measures within PQRS*

**Reporting Methods – Group**

**How Is a Group Defined For a GPRO?**

- Size of the group determined by the number of EPs in that group
- Single Tax Identification Number (TIN) with 2 or more individual EPs (as identified by Individual National Provider Identifier) who have reassigned their billing rights to the TIN
### Reporting Methods – Group

#### Earn Incentive and/or Avoid Adjustment

<table>
<thead>
<tr>
<th>Method</th>
<th>Requirements to Earn Incentive</th>
<th>Requirements to Avoid Adjustment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Registry</td>
<td>9 measures in 3 domains</td>
<td>3 measures</td>
</tr>
<tr>
<td>EHR Submission * – EHR or DSV</td>
<td>9 measures in 3 domains</td>
<td>9 measures in 3 domains</td>
</tr>
<tr>
<td>GPRO Web Interface * – Groups of 25-99</td>
<td>22 GPRO measures on 218 patients</td>
<td>22 GPRO measures on 218 patients</td>
</tr>
<tr>
<td>GPRO Web Interface * – Groups of 100+</td>
<td>22 GPRO measures on 411 patients plus all the CG CAHPS survey measures</td>
<td>22 GPRO Measures on 411 patients plus all the CG CAHPS survey measures</td>
</tr>
</tbody>
</table>

* Align with MU Method Requirements to Earn Incentive and/or Avoid Adjustment.

---

### Group Practice Reporting Option (GPRO)

- Options for GPRO reporting depends on the group size
- Claims-based reporting option no longer available
- Groups must register by September 30, 2014

#### GROUP PRACTICE SIZE

<table>
<thead>
<tr>
<th>2-24 EPs</th>
<th>25-99 EPs</th>
<th>100+ EPs</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Qualified Registry</td>
<td>1. Qualified Registry</td>
<td>1. Qualified Registry</td>
</tr>
<tr>
<td>2. Direct EHR product that is CEHRT</td>
<td>2. Direct EHR product that is CEHRT</td>
<td>2. Direct EHR product that is CEHRT</td>
</tr>
<tr>
<td>3. EHR data submission vendor (DSV) that is CEHRT</td>
<td>3. EHR data submission vendor that is CEHRT</td>
<td>3. EHR data submission vendor that is CEHRT</td>
</tr>
<tr>
<td>4. GPRO Web Interface</td>
<td>4. GPRO Web Interface</td>
<td>4. GPRO Web Interface AND REQUIRED CG CAHPS survey</td>
</tr>
<tr>
<td>5. CMS-certified survey vendor AND ONE OF other four options</td>
<td>5. CMS-certified survey vendor AND ONE OF other four options</td>
<td></td>
</tr>
</tbody>
</table>

Reference: CMS 2014 PQRS webinar, 1/7/14

---

### Certified Survey Vendor Option

- **New method** for reporting the CG-CAHPS measures
- Available to group practices that register to participate in GPRO
- Available to group practices of ≥ 25 EPs
- CG-CAHPS measures are **required** for group practices of **100+ EPs** reporting measures via GPRO Web Interface
Value-based Modifier (VM)

• Based on PQRS participation
• Pay-for-performance incentive program
  – Upward/neutral/downward
• Assesses quality of care furnished AND cost of that care under the Medicare Physician Fee Schedule using quality-tiering

Value-based Payment Modifier (VM)

• VM payment adjustments

<table>
<thead>
<tr>
<th>Year</th>
<th>Group Size</th>
<th>PQRS Reporting Period</th>
</tr>
</thead>
<tbody>
<tr>
<td>2015</td>
<td>≥ 100 EPs</td>
<td>2013</td>
</tr>
<tr>
<td>2016</td>
<td>≥ 50 EPs</td>
<td>2014</td>
</tr>
<tr>
<td>2017</td>
<td>All EPs</td>
<td>2015</td>
</tr>
</tbody>
</table>

• Groups 10–99 not subject to downward adjustment in quality-tiering in 2016
• Applies to PQRS participating and non-participating EPs

VM (cont’d)
Reporting Quality Data at the Individual Level

If…

a group does not seek to report quality measures as a group, CMS will calculate a VM group quality score if at least 50% of the EPs within the group report PQRS measures as individuals and successfully avoid the 2016 PQRS payment adjustment.

Then…

the group will avoid the 2016 VM downward adjustment.

---

VM 50% Threshold Option (cont’d)

• EPs may report on measures available to individual EPs via the following reporting mechanisms:
  – Claims
  – CMS Qualified Registries
  – CEHRT
  – Qualified Clinical Data Registries (new for CY 2014)

---

Quality-tiering Approach for 2016*

• Each group receives two composite scores based on the group’s standardized performance (cost & quality).
• Group cost measures are adjusted for specialty composition of the group.
• Mandatory for groups of ≥ 10 EPs
• Groups 10–99 EPs
  – not subject to downward adjustment
  – upward or neutral adjustment
• Groups of ≥ 100 EPs
  – upward, neutral or downward adjustment
2014 PQRS Participation

Did EP or group meet 2014 PQRS incentive criteria?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>All EPs were 2014 PQRS incentive eligible. Participation for eligible physicians is required. PQRS payment adjustment.</td>
<td>Did EP or group meet criteria to avoid 2016 PQRS payment adjustment?</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>You will avoid the 2016 PQRS payment adjustment.</td>
<td>All EPs will be subject to the 2016 PQRS payment adjustment of -20% for 2014 PQRS participation.</td>
</tr>
</tbody>
</table>

Sources

- MAV Process:

Thank you for joining us today!
Marnivia Spencer, CCME EHR Consultant
919-461-5665
mspencer@thecarolinascalter.org
Upcoming Webinars

LUNCH & LEARN WEBINAR
Aligning Meaningful Use and PQRS
Wednesday, August 13, 2014 | 12:30 – 1:00 p.m., EDT

FEATURED WEBINAR
NC HIE: Current Landscape and Initiatives
Wednesday, September 17, 2014 | 12:30 – 1:30 p.m., EDT