CMS Quality Reporting: Tying It All Together in the Shift to Value-Based Payment

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HiMSS

CENTRAL & SOUTHERN OHIO *Chapter*

Objectives

- Describe the Centers for Medicare & Medicaid Services (CMS) value-based payment programs: Physician Quality Reporting System (PQRS) and the Value Modifier (VM)

- Summarize the 2015 incentives and 2017 payment adjustments

- Explain the mid-year and annual Quality Resource and Use Reports (QRURs)

- Demonstrate which actions can be taken now for successful 2015 reporting
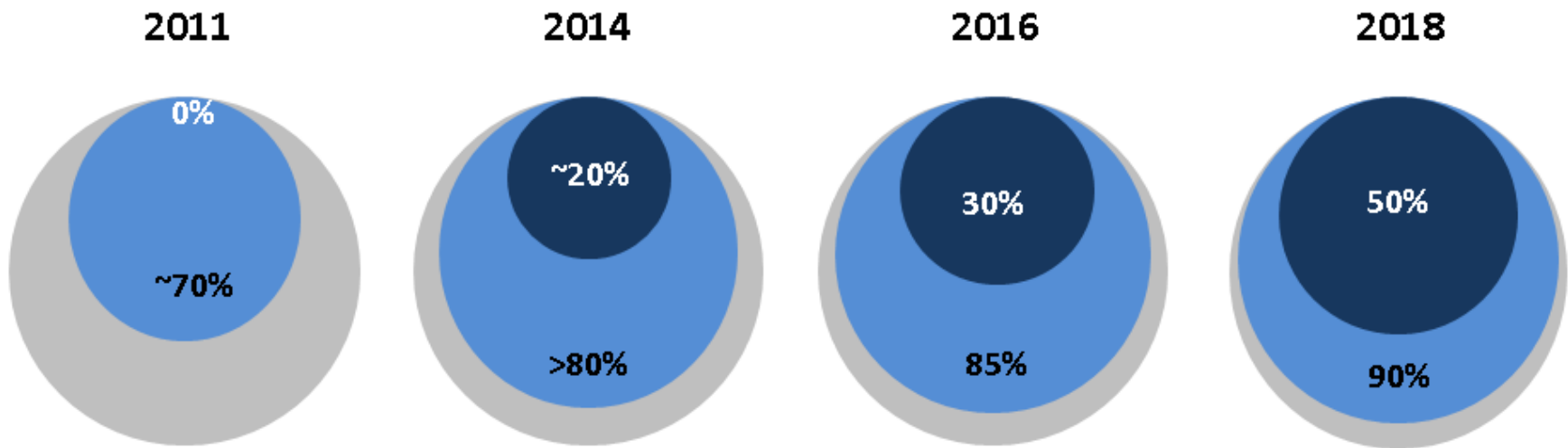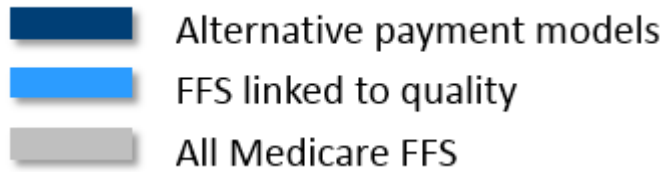
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Wolfe, Ashby. Understanding PQRS and the Value-Based Modifier: CMS' Plan to Achieve High Value Care Through Transforming Payment Systems. Centers for Medicare & Medicaid Services: June 2015.

	PQRS	Value Modifier					EHR Incentive Program			Total Medicare Payment Adjustments at Risk for Non-Participation in PQRS and Meaningful Use in 2017
		2-9 EPs & solo		10+ EPs						
	Pay Adj (2017)	PQRS-Reporting (2017)	Non-PQRS Reporting (2017)	PQRS-Reporting (Up or Neutral Adj) (2017)	PQRS-Reporting (Down Adj) (2017)	Non-PQRS Reporting (2017)	Medicare Inc. (2015)	Medicaid Inc. (2015)	Medicare Pay Adj (2017)	
MD & DO	-2.0% of MPFS	+2.0 (x), +1.0(x), or neutral	-2.0% of MPFS	+4.0 (x), +2.0(x), or neutral	-2.0% or -4.0% of MPFS	-4.0% of MPFS	$4,000-$12,000 (based on when EP 1st demo MU)	$8,500 or $21,250 (based on when EP did A/I/U) $8,500 or $21,250 (based on when EP did A/I/U)	-3.0% of MPFS	Physicians in groups of 2-9 EPs & Solo physicians: -7.0%
DDM										
Oral Sur										
Pod.								N/A		Physicians in groups of 10+ EPs: -9.0%
Opt.										
Chiro.										

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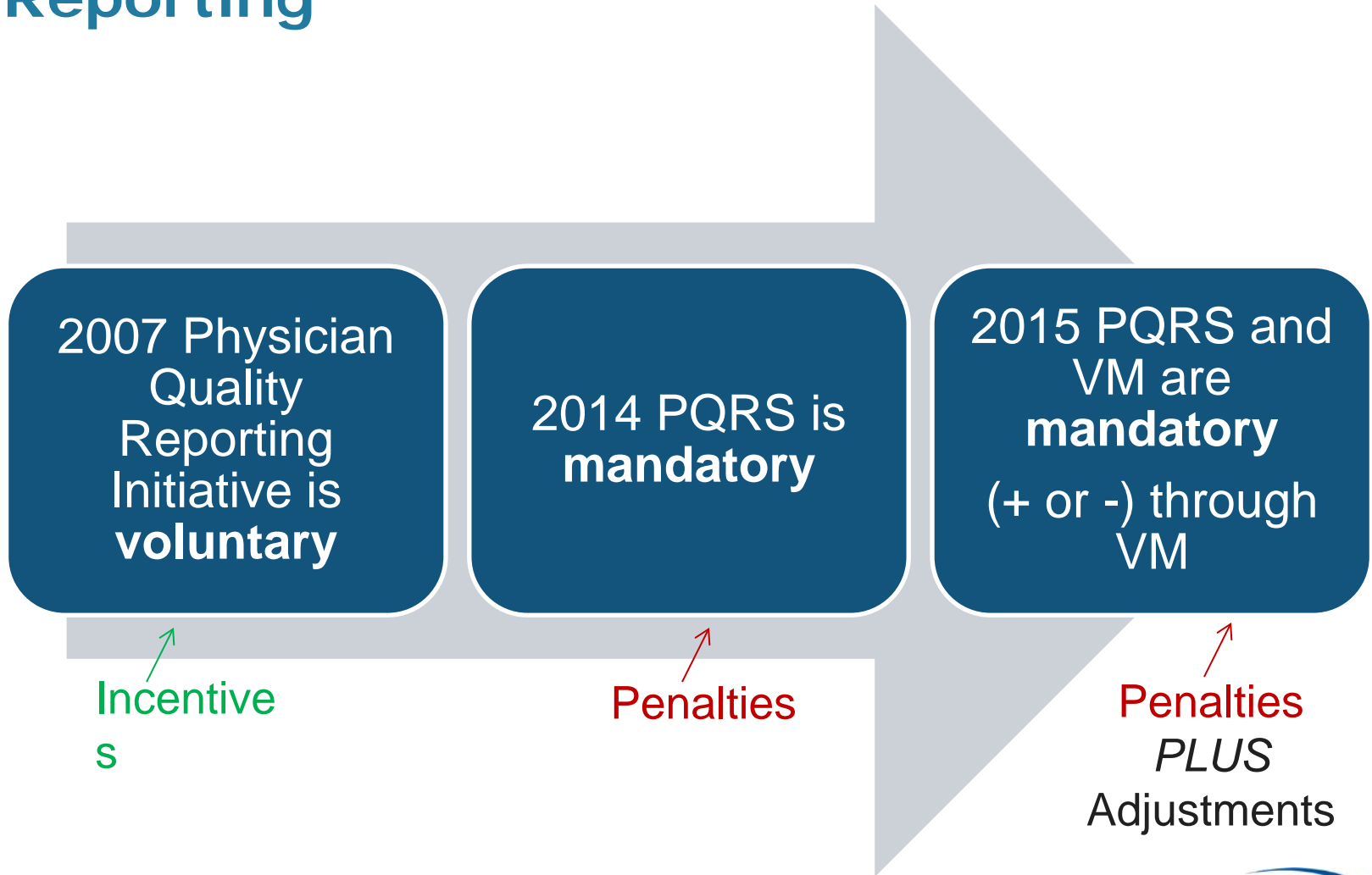
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PQRS

The Evolution of Physician Quality Reporting

2007 Physician Quality Reporting Initiative is **voluntary**

2014 PQRS is **mandatory**

2015 PQRS and VM are **mandatory**

(+ or -) through VM

Incentives

Penalties

Penalties *PLUS* Adjustments

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Two Options for Eligible Providers to Participate

As individuals

- Analyzed by their rendering/individual National Provider Identifier (NPI)

As a group*

- Under the group practice reporting option (GPRO) and analyzed by their tax identification number (TIN)

Bill under Part B of the Medicare Physician Fee Schedule (MPFS)

*Group registration deadline (June 30, 2015) has passed

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2015 PQRS Reporting

Nine measures ➡ across three quality domains

Services provided: January–December 2015

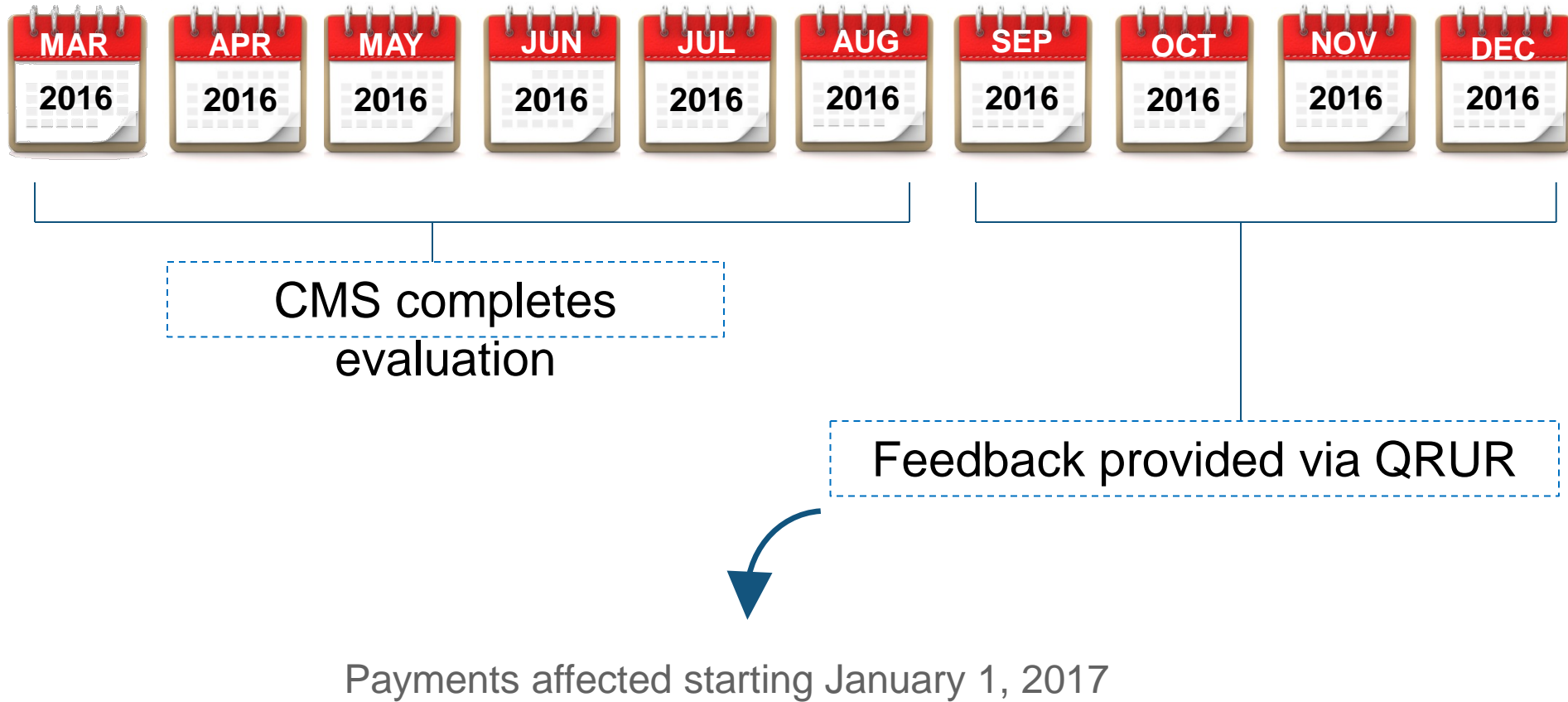| JAN 2015 | FEB 2015 | MAR 2015 | APR 2015 | MAY 2015 | JUN 2015 | JUL 2015 | AUG 2015 | SEPT 2015 | OCT 2015 | NOV 2015 | DEC 2015 |

Data submitted: January–February 2016

| JAN 2016 | FEB 2016 |

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2015 Reporting Methods

	Claims	Qualified Registry	EHR/ DSV	QCDR	GPRO Web Interface	CAHPS Survey
Solo physician	✓	✓	✓	✓		
Solo Non-physician Practitioner	✓	✓	✓	✓		
Group 2-9 EPs		✓	✓			Optional
Group 10-24 EPs		✓	✓			Optional
Group 25-99 EPs		✓	✓		✓	Optional
Group 100+ EPs		✓	✓		✓	Mandatory

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Process for Feedback

| MAR 2016 | APR 2016 | MAY 2016 | JUN 2016 | JUL 2016 | AUG 2016 | SEP 2016 | OCT 2016 | NOV 2016 | DEC 2016 |

CMS completes evaluation

Feedback provided via QRUR

Payments affected starting January 1, 2017

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Performance Period and Adjustment Period

Performance Period	Adjustment Period
2013	2015
2014	2016
2015	2017
2016	2018

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The VM

What is the VM?

- A new ***per-claim adjustment*** under the Medicare Physician Fee Schedule that is applied at the group level to <u>physicians</u> billing under the Tax Identification Number (TIN)

- Assesses the quality of care furnished **<u>and</u>** the cost of that care, based on what is reported in PQRS

- Timeframe of Implementation
  - 2015: VM for groups of 100+ EPs based on **2013** performance
  - 2016: VM for groups of 100+ EPs based on **2014** performance
  - 2017: VM for all physicians and groups of physicians based on **2015** performance

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How Does the VM Work?

1. CMS Collects Cost, Quality Data

- Providers report performance on PQRS[1], CG-CAHPs[2] measures
- CMS track per capita costs for Medicare parts A and B

2. CMS Groups Providers into Quality Tiers

- Provider, group performance risk-adjusted, compared to national averages
- Final scores tiered, assigned modifiers

**3. Medicare Payment Adjusted Based on Tiering**

- High performing groups will receive payment boosts, low performers will see payment reduction
- Failure to participate in PQRS results in maximum penalty

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What You Do in 2015 is Important!

- Those who **report satisfactorily for the 2015 program year will avoid the 2017 PQRS negative payment** adjustment
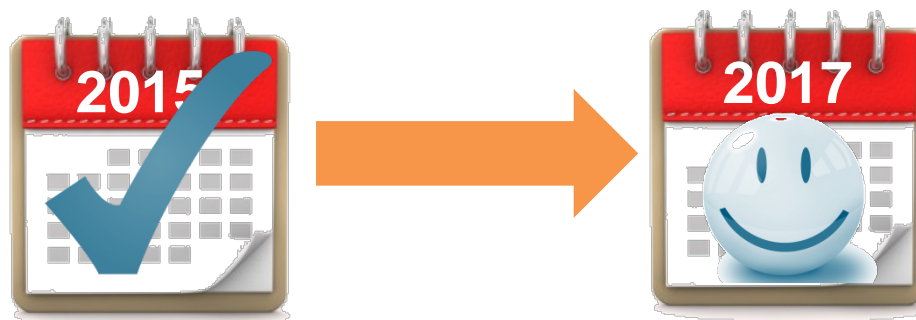
- 2015 data determines 2017 adjustments

  - Reporting → 2017 PQRS penalty

  - Performance → 2017 + or – VM adjustment, depending on size of group
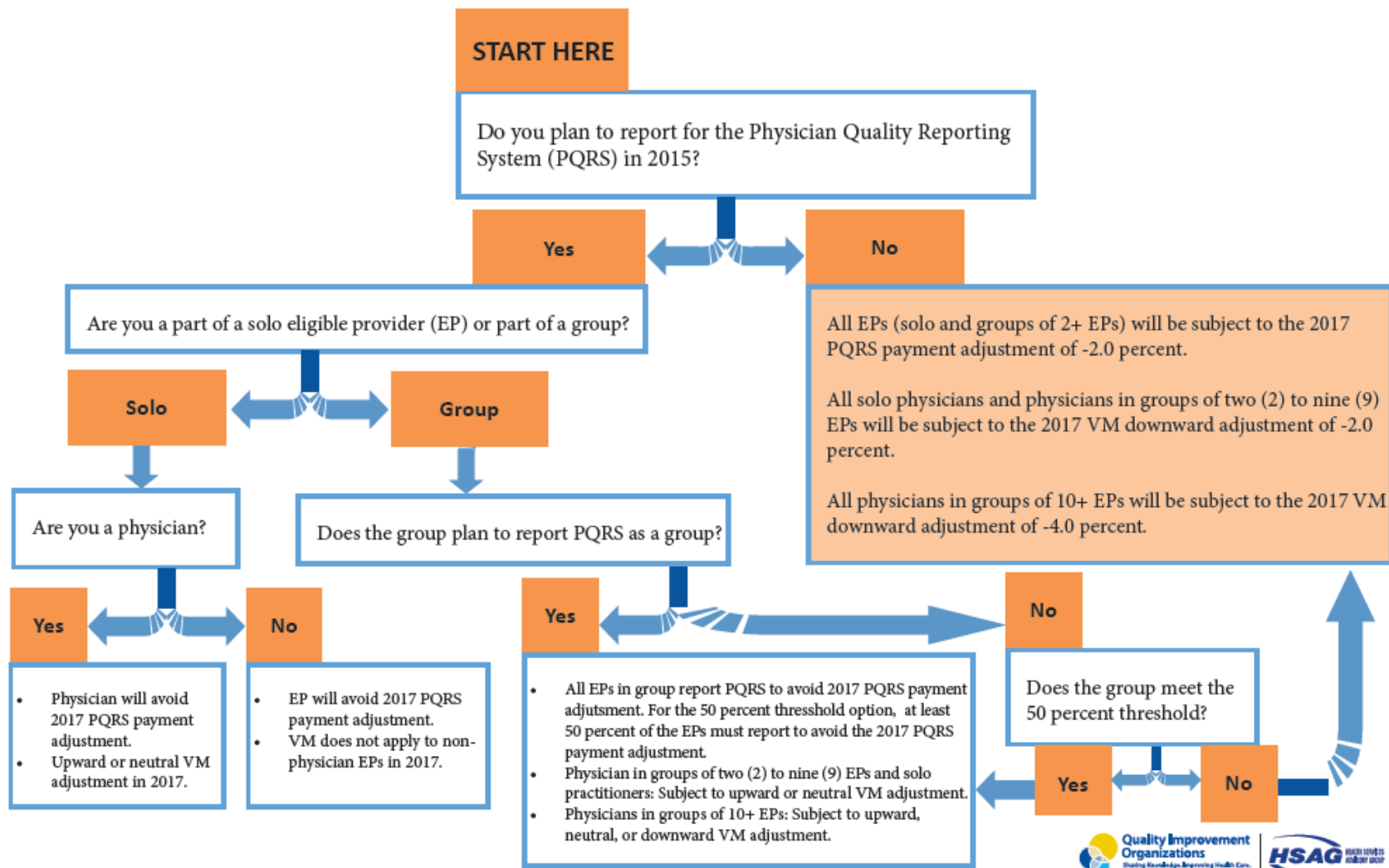
Tying It All Together

	Claims	Qualified Registry	EHR/DSV	QCDR	GPRO Web Interface	CAHPS Survey	PQRS Reporting	VM: PQRS-Reporter	VM: PQRS Non-Reporter
Solo physician	✓	✓	✓	✓			Avoid 2017 PQRS adj (-2.0%)	Upward/Neutral adj (+1.0x, +2.0x, 0.0%)	-2.0% Downward adj
Solo Non-physician Practitioner	✓	✓	✓	✓			Avoid 2017 PQRS adj (-2.0%)	Does not apply in 2017	Does not apply in 2017
Group 2-9 EPs		✓	✓			Optional	Avoid 2017 PQRS adj (-2.0%)	Upward/Neutral adj (+1.0x, +2.0x, 0.0%)	-2.0% Downward adj
Group 10-24 EPs		✓	✓			Optional	Avoid 2017 PQRS adj (-2.0%)	Upward/Neutral/ Downward adj (+4.0x, +2.0x, 0.0%, -2.0%, 4.0%)	-4.0% Downward adj
Group 25-99 EPs		✓	✓		✓	Optional	Avoid 2017 PQRS adj (-2.0%)	Upward/Neutral/ Downward adj (+4.0x, +2.0x, 0.0%, -2.0%, 4.0%)	-4.0% Downward adj
Group 100+ EPs		✓	✓		✓	Mandatory	Avoid 2017 PQRS adj (-2.0%)	Upward/Neutral/ Downward adj (+4.0x, +2.0x, 0.0%, -2.0%, 4.0%)	-4.0% Downward adj

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How Does 2015 PQRS Participation Affect the Value Modifier (VM) in 2017?

START HERE

Do you plan to report for the Physician Quality Reporting System (PQRS) in 2015?

Yes ↔ **No**

Yes branch:

Are you a part of a solo eligible provider (EP) or part of a group?

Solo ↔ **Group**

Solo:

Are you a physician?

Yes ↔ **No**

Yes:
- Physician will avoid 2017 PQRS payment adjustment.
- Upward or neutral VM adjustment in 2017.

No:
- EP will avoid 2017 PQRS payment adjustment.
- VM does not apply to non-physician EPs in 2017.

Group:

Does the group plan to report PQRS as a group?

Yes ↔ **No**

Yes:
- All EPs in group report PQRS to avoid 2017 PQRS payment adjustment. For the 50 percent threshold option, at least 50 percent of the EPs must report to avoid the 2017 PQRS payment adjustment.
- Physician in groups of two (2) to nine (9) EPs and solo practitioners: Subject to upward or neutral VM adjustment.
- Physicians in groups of 10+ EPs: Subject to upward, neutral, or downward VM adjustment.

No:

Does the group meet the 50 percent threshold?

Yes ↔ **No**

No branch (from PQRS report question):

All EPs (solo and groups of 2+ EPs) will be subject to the 2017 PQRS payment adjustment of -2.0 percent.

All solo physicians and physicians in groups of two (2) to nine (9) EPs will be subject to the 2017 VM downward adjustment of -2.0 percent.

All physicians in groups of 10+ EPs will be subject to the 2017 VM downward adjustment of -4.0 percent.

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QRURs

What is a QRUR?

- Physician feedback report provided twice a year

  – Mid-year

  – Annual

- Summary of performance on quality and cost measures

- Comparisons to average cost and care of other physicians' Medicare patients

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2014 Mid-Year QRURs

JUL 2013 *through* **JUN 2014** = **APR 2015**

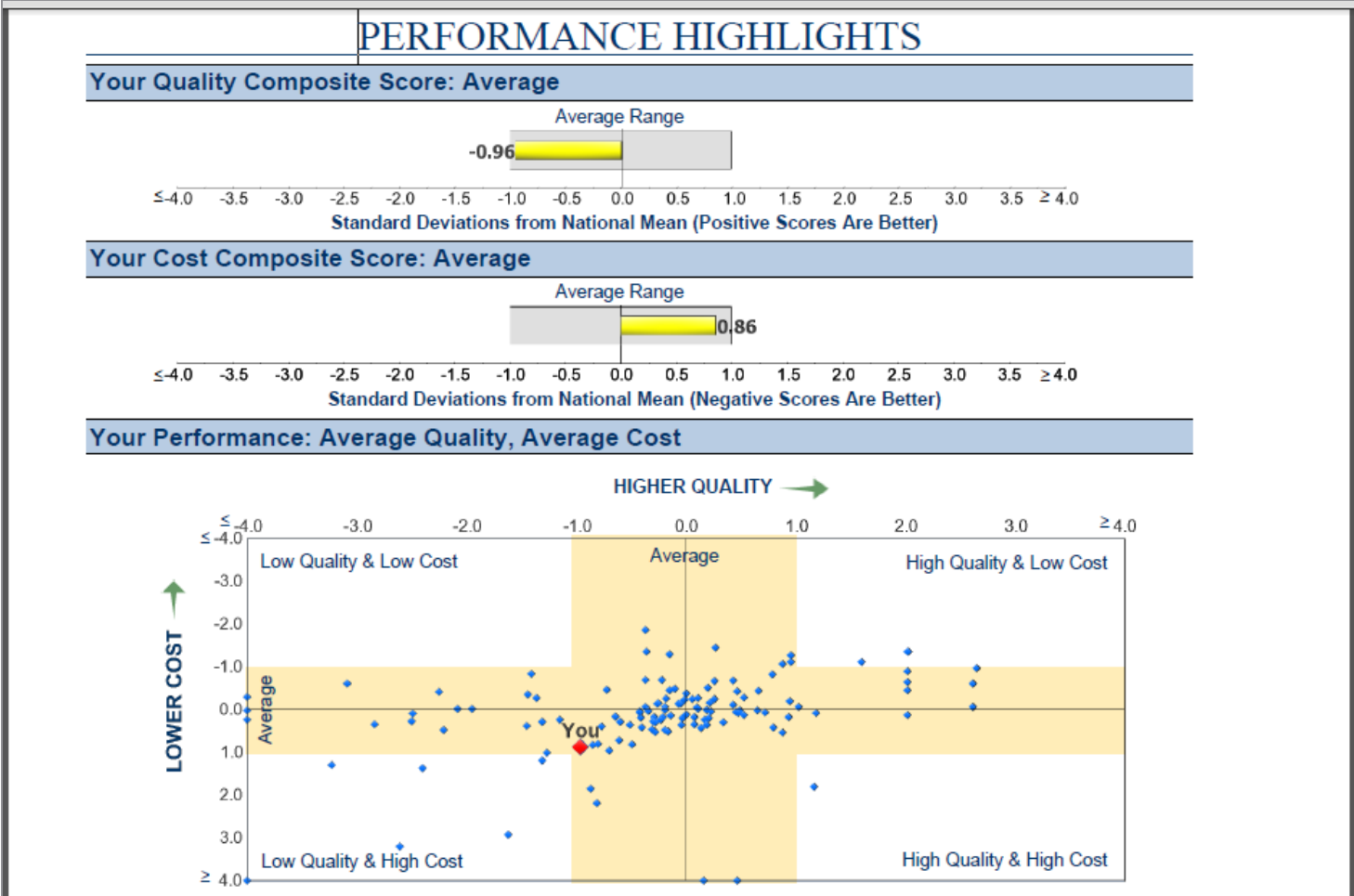Calculated directly from Medicare claims billed during this time period

For informational purposes only

Mid-year QRURs include interim information to TINs about performance on three quality outcome and six cost measures

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2014 Annual QRURs

- Disseminated in the fall of 2015 (available now!)
    - Complete information for VM calculation
    - 2014 performance → 2016 payment adjustments
- For TINs with 10 or more eligible providers, the QRUR will show the VM adjustment for 2016

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Sample from Annual QRUR

http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeedbackProgram/Downloads/2013-Sample-QRUR.PDF

How Can I Access My Reports?

- As of July 13, 2015 an EIDM account (CMS' Enterprise Identity Management system) is required to access QRURs at https://portal.cms.gov

- Detailed guidance available by visiting: http://tinyurl.com/oluuj8z

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What Can Providers Do Now?

Take Action!

1 Decide to participate in PQRS for 2015

2 Choose a PQRS reporting method

3 Choose which quality measures to report under that method

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Start Improving

See how performance measures up

- Generate reports to monitor performance
- Compare performance to the value modifier quality benchmarks

Access QRURs and learn how to use them to drive quality improvement

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Get Help

Physician Value Help Desk
• 1.888.734.6433 (select option 3) • Monday–Friday from 8:00 a.m.–8:00 p.m. ET

Quality Net Help Desk
• 1.866.288.8912 • qnetsupport@hcqis.org • Monday–Friday from 8 a.m.–8 p.m. ET

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Access Technical Assistance from the Medicare Quality Improvement Organization (QIO)

HSAG is funded by CMS to provide no-cost assistance to providers.

- One-on-one assistance
- Learning events
- Expert advice

Join Us!

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Thank you!

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