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

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Health Informatics Specialist
Health Services Advisory Group (HSAG)
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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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<td>-2.0% of MPFS</td>
<td>+2.0 (x), +1.0(x), or neutral</td>
<td>-4.0% of MPFS</td>
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<td>$4,000 - $12,000 (based on when EP did A/I/U)</td>
<td>$8,500 or $21,250 (based on when EP did A/I/U)</td>
<td>Physicians in groups of 2-9 EPs &amp; Solo physicians: -7.0%</td>
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<td>Physicians in groups of 10+ EPs: -9.0%</td>
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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
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*
2015 PQRS Reporting
Nine measures across three quality domains

Services provided: January–December 2015

Data submitted: January–February 2016
## 2015 Reporting Methods

<table>
<thead>
<tr>
<th></th>
<th>Claims</th>
<th>Qualified Registry</th>
<th>EHR/DSV</th>
<th>QCDR</th>
<th>GPRO Web Interface</th>
<th>CAHPS Survey</th>
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</table>
Process for Feedback

Payments affected starting January 1, 2017

CMS completes evaluation

Feedback provided via QRUR
## Performance Period and Adjustment Period

<table>
<thead>
<tr>
<th>Performance Period</th>
<th>Adjustment Period</th>
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<tbody>
<tr>
<td>2013</td>
<td>2015</td>
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<td>2014</td>
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<td>2015</td>
<td>2017</td>
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<td>2016</td>
<td>2018</td>
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</table>
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 physicians billing under the Tax Identification Number (TIN)
- Assesses the quality of care furnished **and** 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
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

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<th>PQRS Reporting</th>
<th>VM: PQRS-Reporter</th>
<th>VM: PQRS Non-Reporter</th>
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<td>-2.0% Downward adj</td>
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<td>Avoid 2017 PQRS adj (-2.0%)</td>
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How Does 2015 PQRS Participation Affect the Value Modifier (VM) in 2017?

2017 VBM

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

Yes

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

Solo

No

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.

Group

Does the group plan to report PQRS as a group?

Yes

Are you a physician?

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.

No

Does the group meet the 50 percent threshold?

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

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
2014 Mid-Year QRURs

Calculated directly from Medicare claims billed during this time period

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

For informational purposes only
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
Sample from Annual QRUR

PERFORMANCE HIGHLIGHTS

Your Quality Composite Score: Average

Average Range

Standard Deviations from National Mean (Positive Scores Are Better)

Your Cost Composite Score: Average

Average Range

Standard Deviations from National Mean (Negative Scores Are Better)

Your Performance: Average Quality, Average Cost

Higher Quality

Lower Cost

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
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
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
# Get Help

<table>
<thead>
<tr>
<th>Physician Value Help Desk</th>
<th>Quality Net Help Desk</th>
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<tr>
<td>1.888.734.6433 (select option 3)</td>
<td>1.866.288.8912</td>
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<tr>
<td>Monday–Friday from 8:00 a.m.–8:00 p.m. ET</td>
<td><a href="mailto:qnetsupport@hcqis.org">qnetsupport@hcqis.org</a></td>
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<td>Monday–Friday from 8 a.m.–8 p.m. ET</td>
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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!
Thank you!

Carol Saavedra
614.307.1830
csaavedra@hsag.com
This material was prepared by Health Services Advisory Group, the Medicare Quality Improvement Organization for Ohio, under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services. The contents presented do not necessarily reflect CMS policy. Publication No. OH-11SOW-D.1-09302015-01