MINGLE ANALYTICS

PQRS 2016: Why You Should Care

Starting at
Noon EDT
9/7/2016

Dr. Dan Mingle

Register for Webinars or Access Recordings
http://mingleanalytics.com/webinars

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Why Participate?

$ on the Line

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Avoid The dreaded Notice from CMS in Late 2017

"You will be subject to a 2.0% downward payment adjustment against all of your Medicare payments for 2018 services due to failure to make a qualifying 2016 PQRS submission"

"You will be subject to a 4.0% downward payment adjustment against all of your Medicare payments for 2018 services due to your Quality Tiering Adjustment for 2016"

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At Risk 2016

	PQRS Adjustment (-2%)		VBM Adjustment (-2%)	VBM Adjustment (-4%)
Based On	Failure to make a qualifying PQRS Submission		Groups < 10 Providers where ≥ half did not submit PQRS	Groups ≥ 10 Providers where ≥ half did not submit PQRS
	Average	Max	Average	Average
MD/DO	**$2,000**	**$335,000**	**$2,000** / Provider	**$4,000** / Provider
Other Provider	**$650**	**$40,000**	**$650** / Provider	**$1,300** / Provider

Based on CMS 2013 PQRS Experience Report

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Money to be Lost

- **2%** PQRS Adjustment throughout 2018 for failure to Submit PQRS
- **2-4%** Value Based Modifier Adjustment throughout 2018 for failure to Submit PQRS
- Quality Tiering under the Value Based Modifier
  - **1-2%** throughout 2018 for Low Quality Care
  - **1-2%** throughout 2018 for High Cost Care
- **9%** by 2022 MIPS Program Year

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Money to be Made

- Quality Tiering under the Value Based Modifier
  - **1-2%** throughout 2018 for High Quality Care
  - **1-2%** throughout 2018 for Low Cost Care
- Maintenance of Certification (MOC)
  - **0.5%** Lump Sum Incentive in 2017
  - When each are independently successful
    - PQRS Submission
    - Specialty Specific Maintenance of Certification Requirements
- **9%** by 2022 MIPS Program Year

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Medicare Access and CHIP Reauthorization Act of 2015 (MACRA)

Quality Payment Program (QPP)

Merit-Based Incentive Payment Program (MIPS)

Reporting Dynamics unchanged from PQRS to QPP

QPP is entirely Pay-For-Performance

Measure Performance will need Continuous Attention

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Performance Counts
in Quality Tiering under the Value Based Modifier

- If you have at least one Physician
  - Physician = doctors of medicine, osteopathy, dental surgery, dental medicine, podiatric medicine, optometry, and chiropracty
    - And your total Medicare Provider Count is 1 - 9
      - » Low Composite Performance Score → **-1%** Quality Tiering Adjustment (Penalty)
    - And your total Medicare Provider Count is ≥ 10
      - » Low Composite Performance Score → **-2%** Quality Tiering Adjustment (Penalty)

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3 Checkpoints

Checkpoints	Judged as	Submit as	Adjustment
PQRS	Practice-Provider	Individual or Group (GPRO)	0 or **-2%**
VBM	Practice Group	Group or ≥ 50% Individuals	0 or **-2%** or **-4%**
Quality Tiering	Practice Group	Group	**-2%** to **+2%** on Cost **-2%** to **+2%** on Quality

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Who is Subject to PQRS?

- Essentially: Any Provider who Generates a Bill to Medicare Part B Covered by the Physician Fee Schedule
- Providers Employed by Critical Access Hospitals
  - NPI is now required in Type II billing
  - Can submit PQRS if NPI is on the bill
  - Will there be a penalty?
- Not Subject to PQRS:
  - FQHC
  - Independent Diagnostic Testing Facilities
  - Independent Laboratories

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Reporting Basics

- 9 Measures
- 3 Domains
- ≥ 50 % of Eligible Medicare Patients
- Any Measure with 0% Performance will not be Counted
- Submit 1 Cross-Cutting Measure
  - If there is at least 1 face-to-face visit
  - AND 15 Eligible instances for any Cross-Cutting Measure

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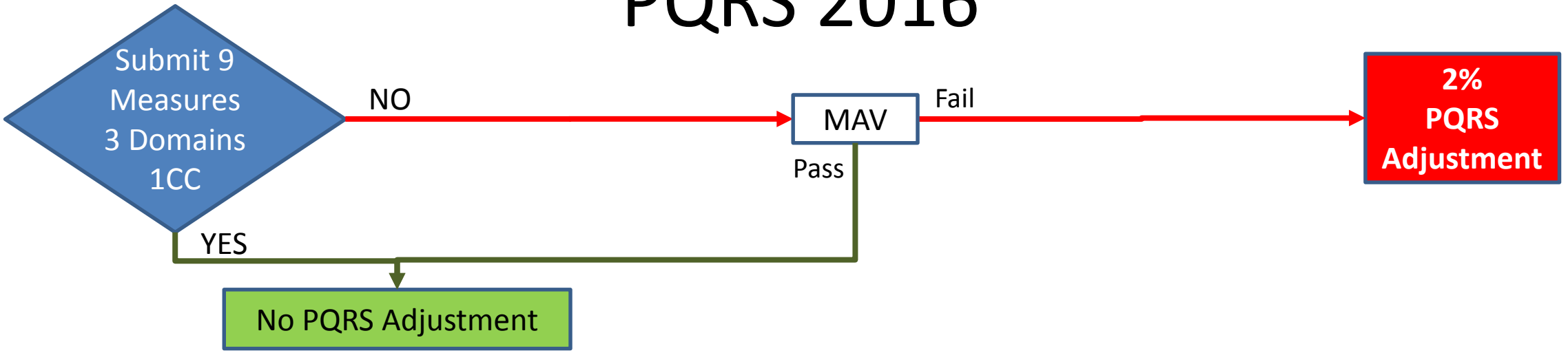
PQRS 2016



You Pass or Fail in PQRS Individually
Unless you deliberately choose
Group Practice Reporting Option (GPRO)

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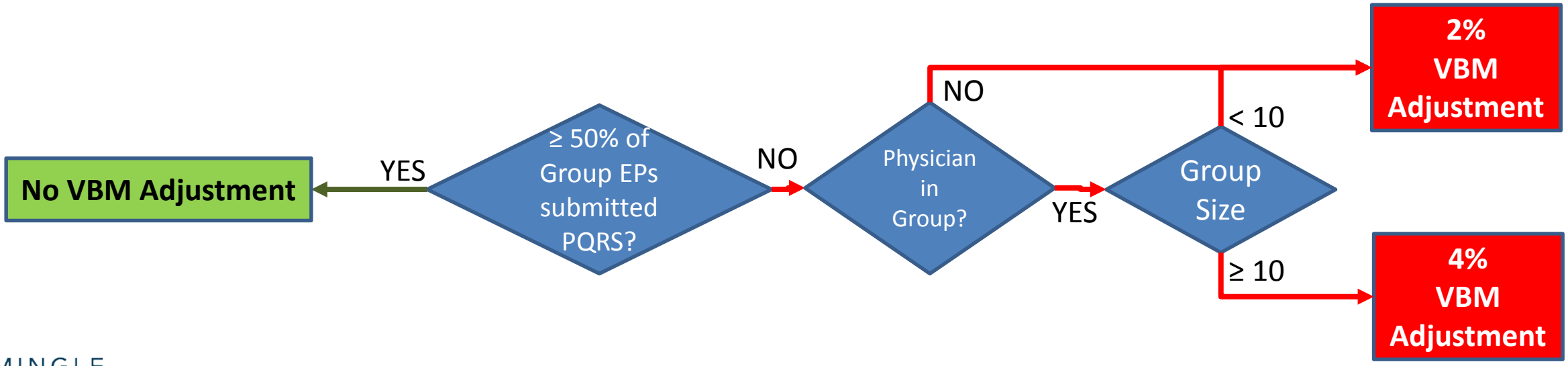
VBM 2016

You Pass or Fail in VBM as a Group



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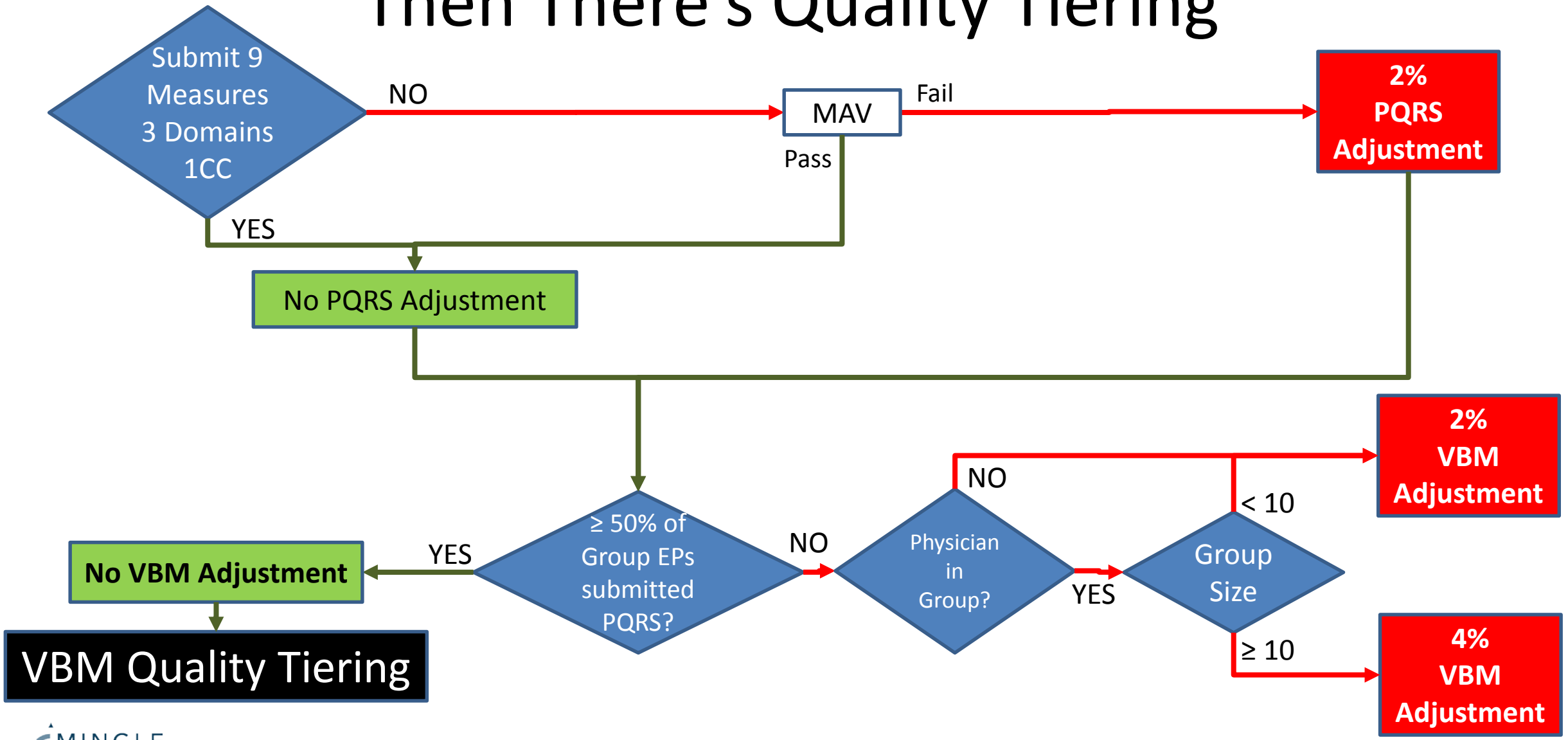
Then There's Quality Tiering



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The Progressive Implementation of Quality Tiering

Reporting Year	First Program Year	First Negative QT Year	Who	Size
2013	2015	2015	Physician Groups	100 or more
2014	2016	2017	Physician Groups	10 or more
2015	2017	2018	Physicians	Solo and All Groups
2016	2018	MIPS	Select Non-Physicians	Solo and All Groups
2017	2019	2019	All of the above	

Physicians = Doctors of Medicine, Osteopathy, Dental surgery, Dental medicine, Podiatric medicine, Optometry, Chiropracty

Select Non-Physicians = Nurse Practitioner, Physician Assistant, Certified Registered Nurse Anesthetist, Clinical Nurse Specialist

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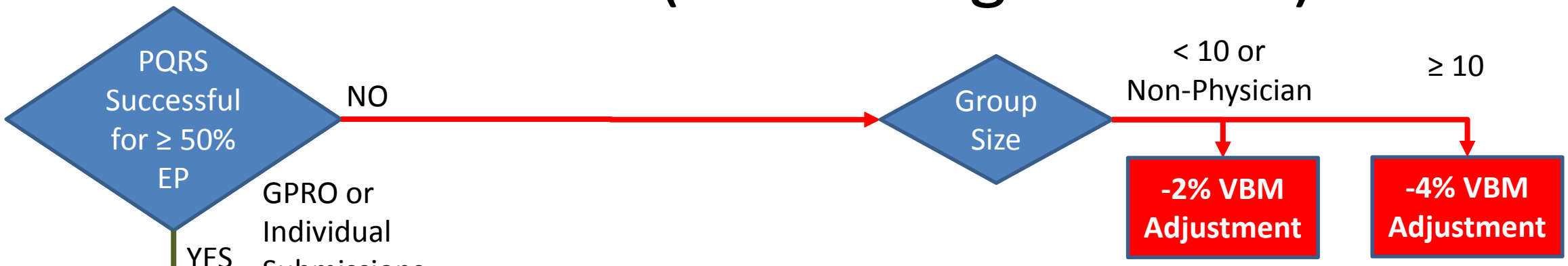
VBM 2016 (2018 Program Year)



80%

10%

10% Neg

Non-Physicians Group or Solo			
Low Quality	Avg Quality	High Quality	
0	+1x%	+2x%	Low Cost
0	0	+1x%	Avg Cost
0	0	0	High Cost

Physician Groups of 1 - 9			
Low Quality	Avg Quality	High Quality	
0	+1x%	+2x%	Low Cost
-1%	0	+1x%	Avg Cost
-2%	-1%	0	High Cost

Physician Groups of 10 or More			
Low Quality	Avg Quality	High Quality	
0	+2x%	+4x%	Low Cost
-2%	0	+2x%	Avg Cost
-4%	-2%	0	High Cost

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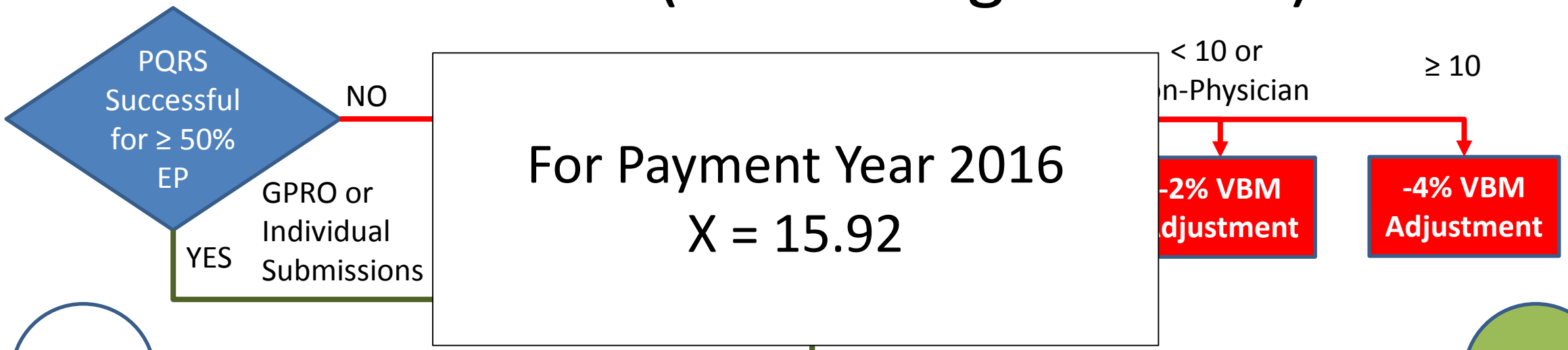
VBM 2016 (2018 Program Year)



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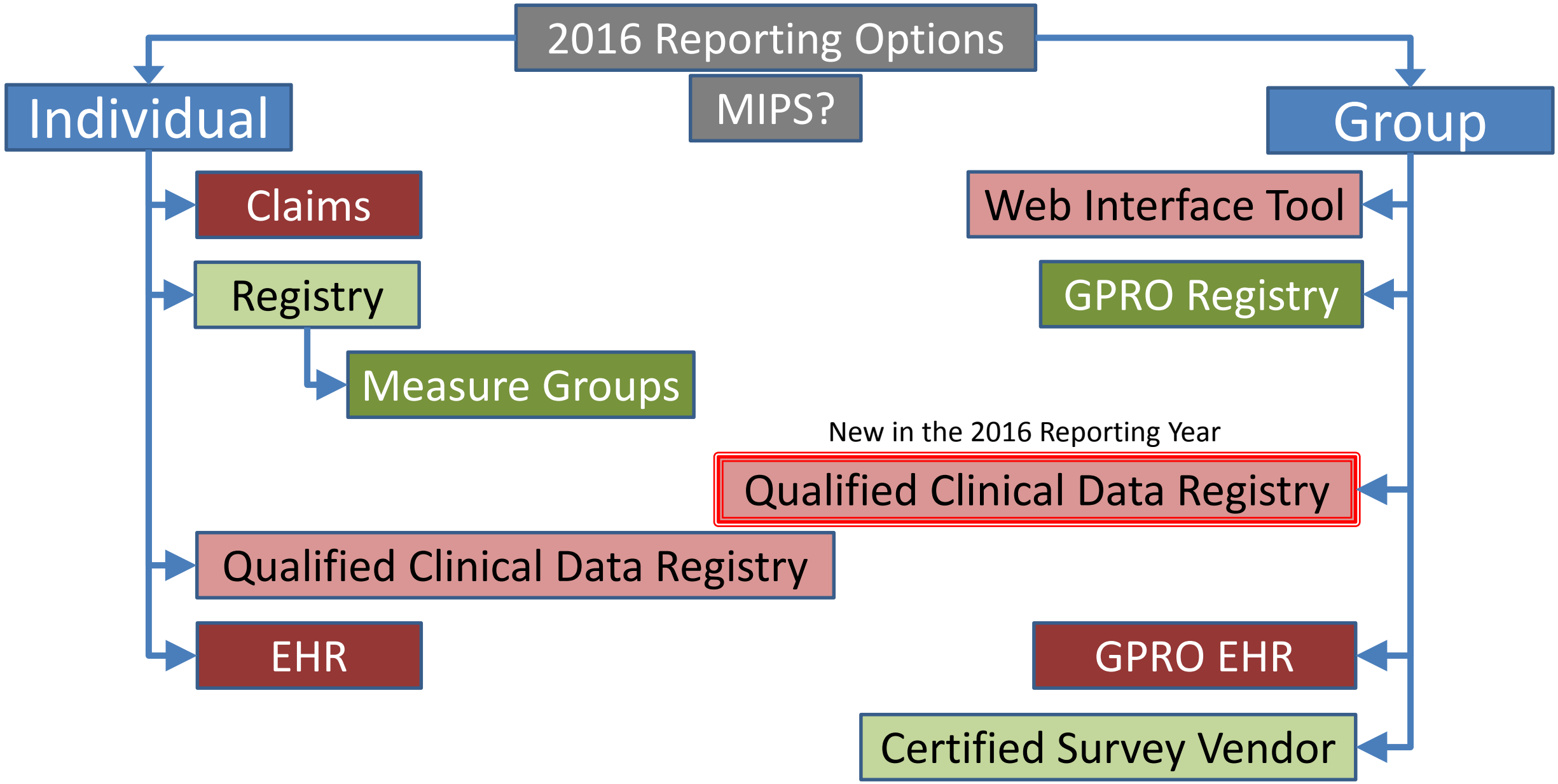

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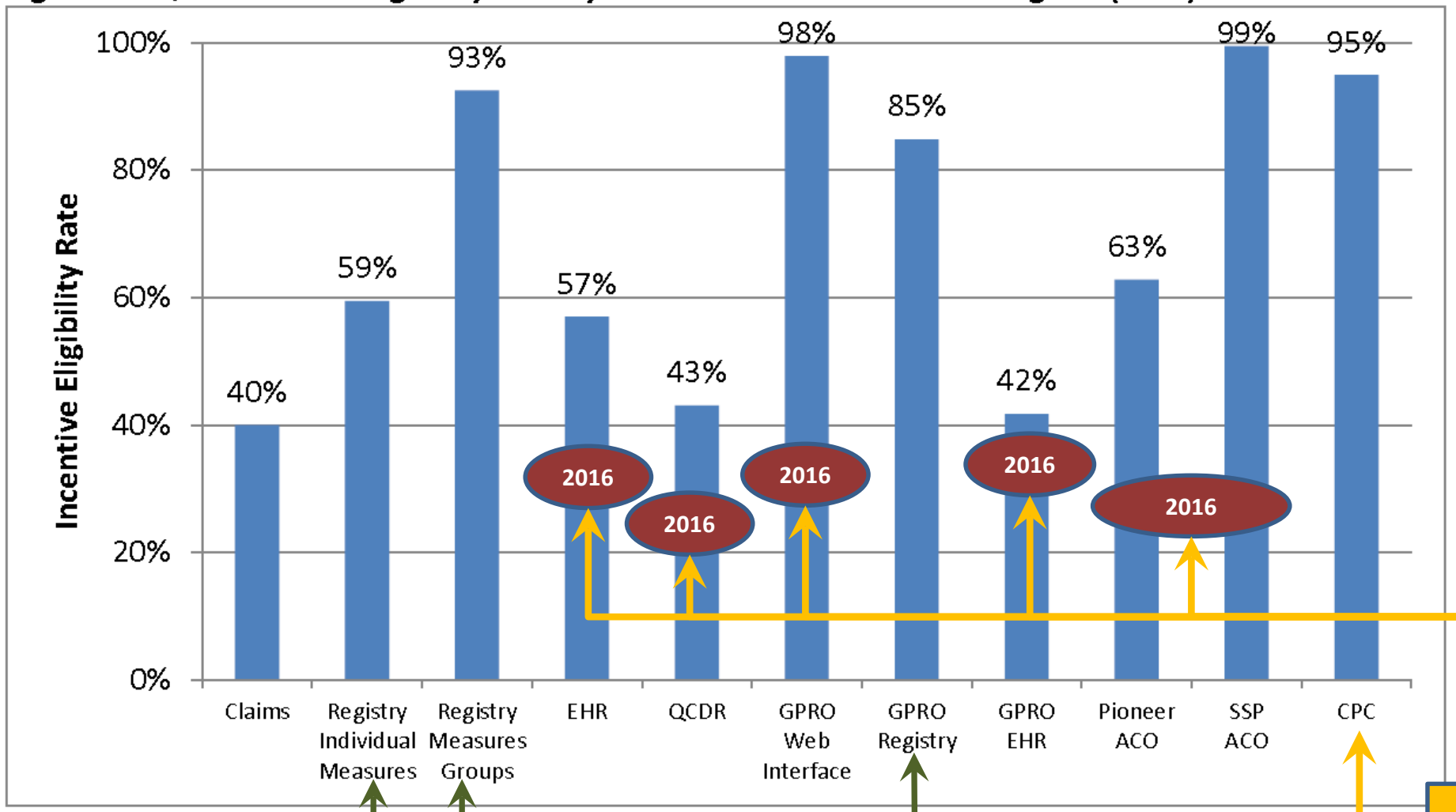
Figure 6: PQRS Incentive Eligibility Rate by Mechanism or Alternative Program (2014)



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To Use the Group Practice Reporting Option (GPRO)

- You must declare on the PQRS portal by June 30
  - Your Intention to make a GPRO Submission
  - Your Intended Method:
    - Registry, Qualified Clinical Data Registry, EHR Direct, Data Submission Vendor, Web Interface Tool
  - Intent to Use CAHPS for PQRS Survey
    - Groups ≥ 100 must use the CAHPS Survey
- As of November 2015 You are no longer Trapped in your choices
  - Change Method
  - Make Individual Submissions

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Consumer Assessment of Healthcare Providers and Systems
CAHPS for PQRS

- Required for all Practices ≥ 100 Submitting GPRO
- Optional for all Group Practices ≥ 2
- Practice Bears the Expense
- Counts for 3 Measures, 1 Non-Specific Domain
- CAHPS is Based on 6 Months of Data, July 1 – December 31

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2016 Supported Method-Measures

	2014	2015	2016
Claims Measures	110	72	79
EHR (CQM) Measures	64	62	63
Registry Measures	201	175	198
Web Interface Measures	22	17	18
Measure Groups	24	22	25

Beware: Inverse Measures, Stratified Measures, Annual re-assignment of methods and domains

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Cross-Cutting Measures 2016

#	Topic	Mthd
1	Hemoglobin A1c control	C,R,E
46	Medication Reconciliation	C,R
47	Care Plan	C,R
110	Influenza	C,R,E
111	Pneumovax	C,R,E
112	Breast Cancer Screening	C,R,E
128	BMI and Plan	C,R,E
130	Current Medications	C,R,E
131	Pain Assessment and Plan	C,R
134	Screen for Depression and Plan	C,R,E
154	Falls: Risk Assessment	C,R
155	Falls: Plan of Care	C,R

#	Topic	Mthd
182	Functional Outcome Assessment and Plan	C,R
226	Tobacco Use and Plan	C,R,E
236	Controlling High Blood Pressure	C,R,E
240	Childhood Immunization Status	E
317	Screen for HTN and Plan	C,R,E
318	Screen for Fall Risk	E
321	CAHPS for PQRS Survey	S
374	Receipt of Specialist Report	E
400	Hepatitis C Screening	R
402	Tobacco Use and Plan in Adolescents	R,MG
431	Unhealthy Alcohol Use: Screening & Brief Counseling	R

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Not Enough Measures?

- Claims and Registry Reporting
  - Measure Applicability Validation (MAV)
- EHR Reporting:
  - Submit what you've got
- Web Interface
  - Submit what you've got
- Qualified Clinical Data Registry
  - No excuses

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To MAV or not to MAV

(Measure Applicability Validation Test)

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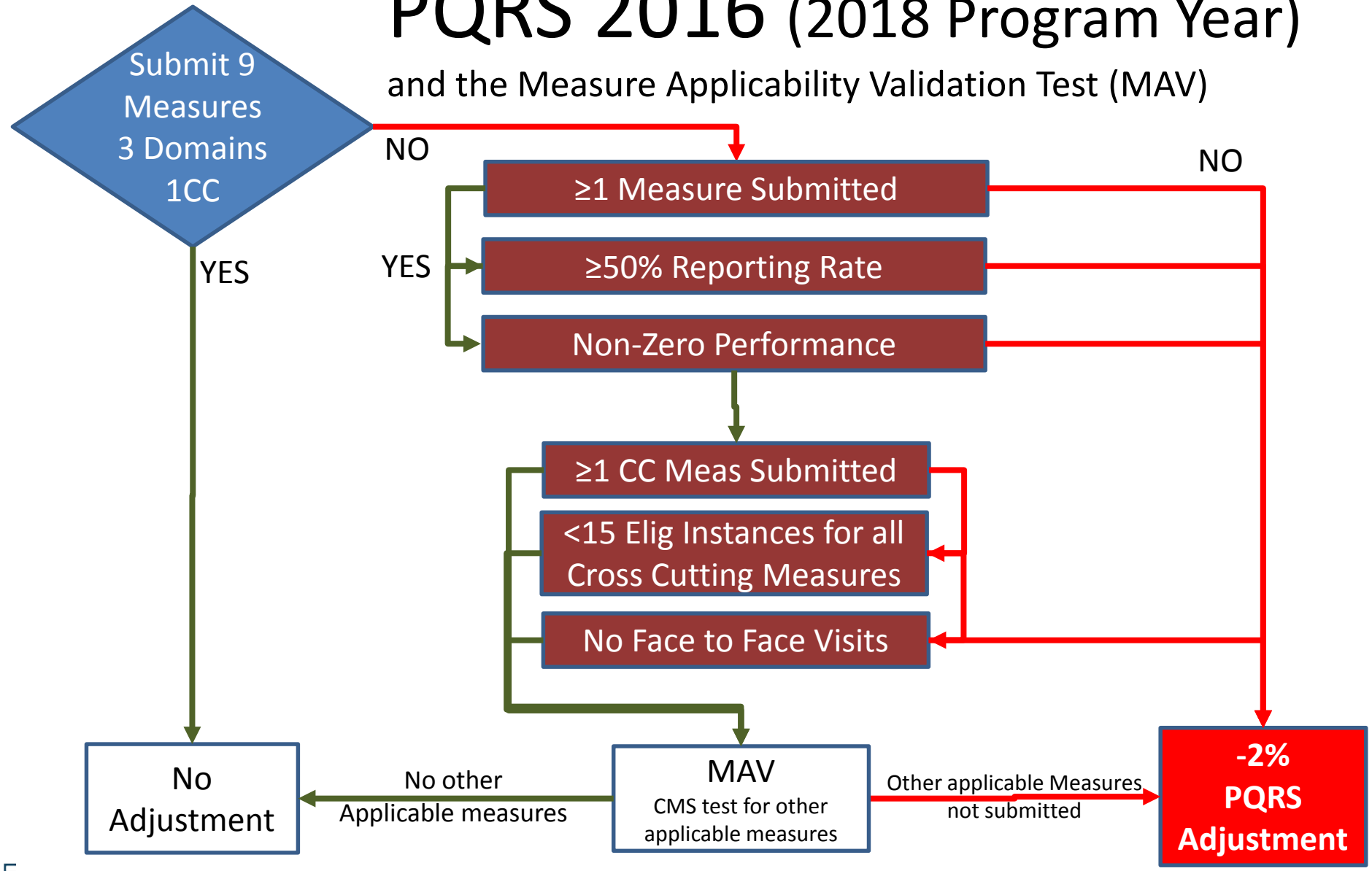
PQRS 2016 (2018 Program Year)

and the Measure Applicability Validation Test (MAV)



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Don’t be Intimidated by Medicare

“CMS fully expects individual eligible professionals to report a full complement of 9 measures covering 3 domains”

(CMS 1/14/2016)

CMS Qualifies that with:

“only use the MAV processes when reporting 9 measures covering 3 domains is

Simply not Appropriate or Possible”

(CMS 1/14/2016)

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Medicare.gov | Physician Compare

The Official U.S. Government Site for Medicare

Viewing Profile 1 of 1

Dr. Seuss

Primary Specialty: Family Practice
Additional Specialty: Geriatric Medicine

Print All Information

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Is this you?
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Quality Programs:

- ✔ Physician Quality Reporting System (PQRS)
- ✔ Electronic Health Records (EHR)

View information about Medicare quality reporting programs

Physician Feedback Reports from the PQRS Portal

Report	About	Available
Feedback Report	PQRS	± Third Quarter
Quality Resource and Utilization Report (QRUR)	Value Based Modifier and Quality Tiering	± Third Quarter
QRUR Supplemental	Episode of Care Cost Performance	± Fourth Quarter
QRUR Mid Year	Split Year Last July – June Cost and Administrative Claims Performance	± Second Quarter
QRUR Interim Report	YTD Claims Performance	Scattered sightings

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Informal Review

Program	Timeframe
PQRS	Must be Requested Within 60 Days Following Publication of the PQRS Feedback Report
VBM	Requests due 60 days after Publication of QRUR

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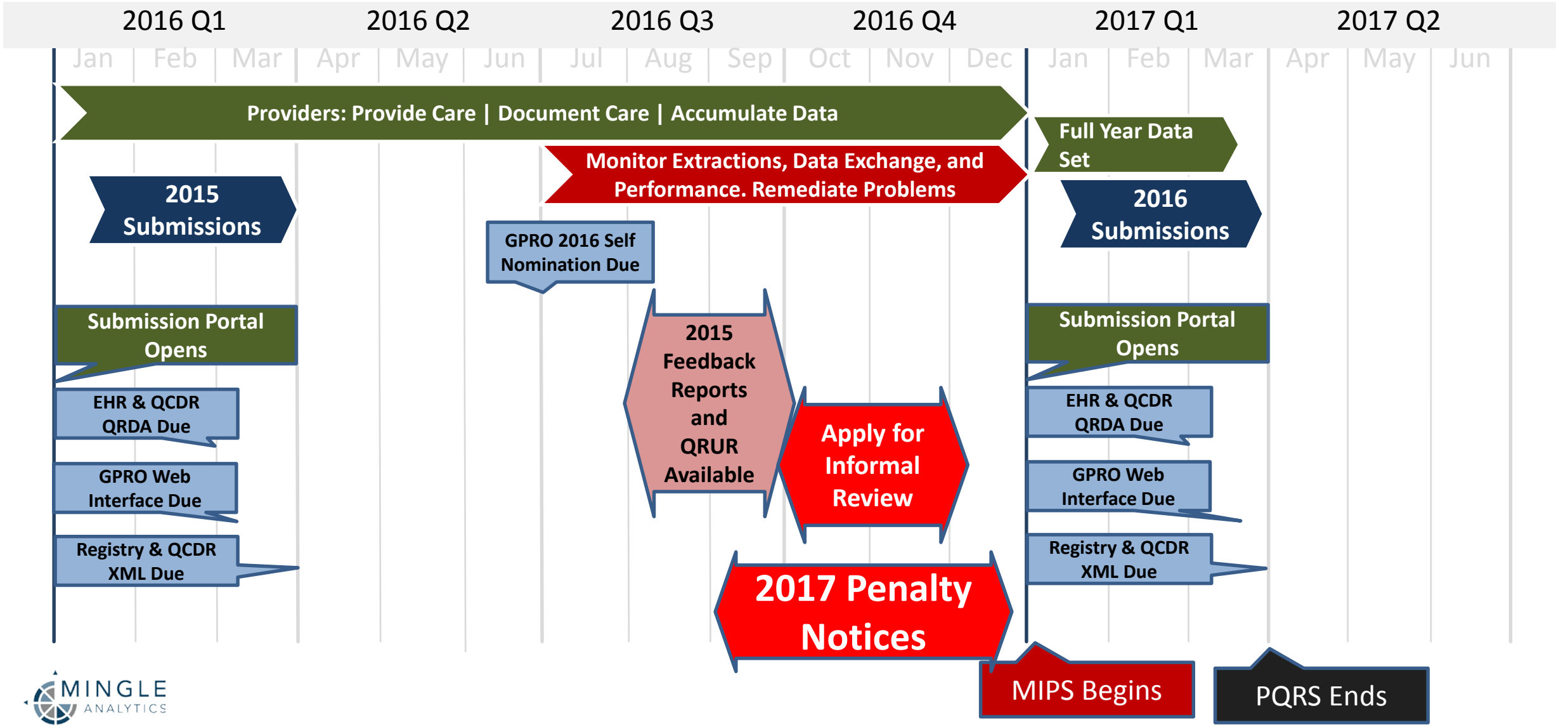
PQRS Timeline



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It’s coming in

2017

The Merit-Based Incentive Payment System

MIPS

View our series of Webinars reviewing the MIPS/MACRA Proposed Rule

The Final Rule will be released November 2016

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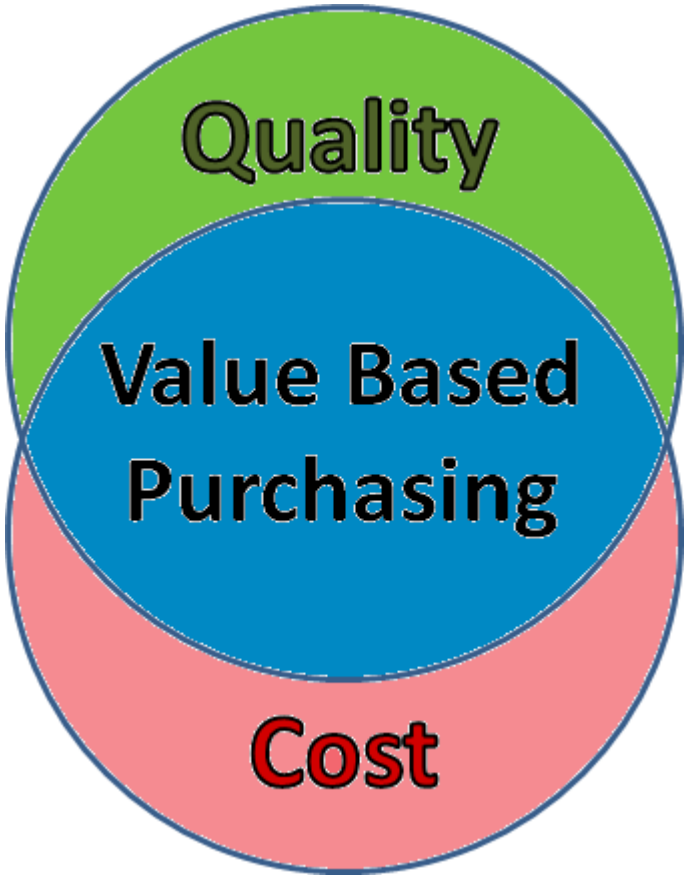
A Healthcare System in Transition

Fee For Service

Centers for
Medicare and Medicaid
Services



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Merit-Based Incentive Payment System (MIPS)

First Patient Services Subject to MIPS Reporting	2017
First MIPS Reporting	2018
First MIPS Adjustment	2019

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Remix / Renaming

2016 (2018) is the Final Year in their current form:

- Physician Quality Reporting System (PQRS)
- Value Based Modifier (VBM)
- Quality Tiering
- Meaningful Use

<u>Merit-Based Incentive Payment System (MIPS)</u>

- [(Quality Tiering + PQRS + VBM + EHR) + a – b] x N
  - Competition on a 100 point scale
    - 30 quality points
    - 30 resource use points
    - 25 meaningful use points
    - 15 practice improvement points
  - Increasing Adjustments
    - ±4% 2017 (2019)
    - ±9% 2020 (2022)

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Preparing for the Quality Payment Program 2017

- PQRS is practice/preparation for QPP Quality Reporting
- Measure Choices
  - Choose Meaningful Measures
  - Choose extra measures
- Check performance early and often
  - You will need time to remediate poorly performing measures
- Our goal for you is continuous automated delivery of data and access to metrics

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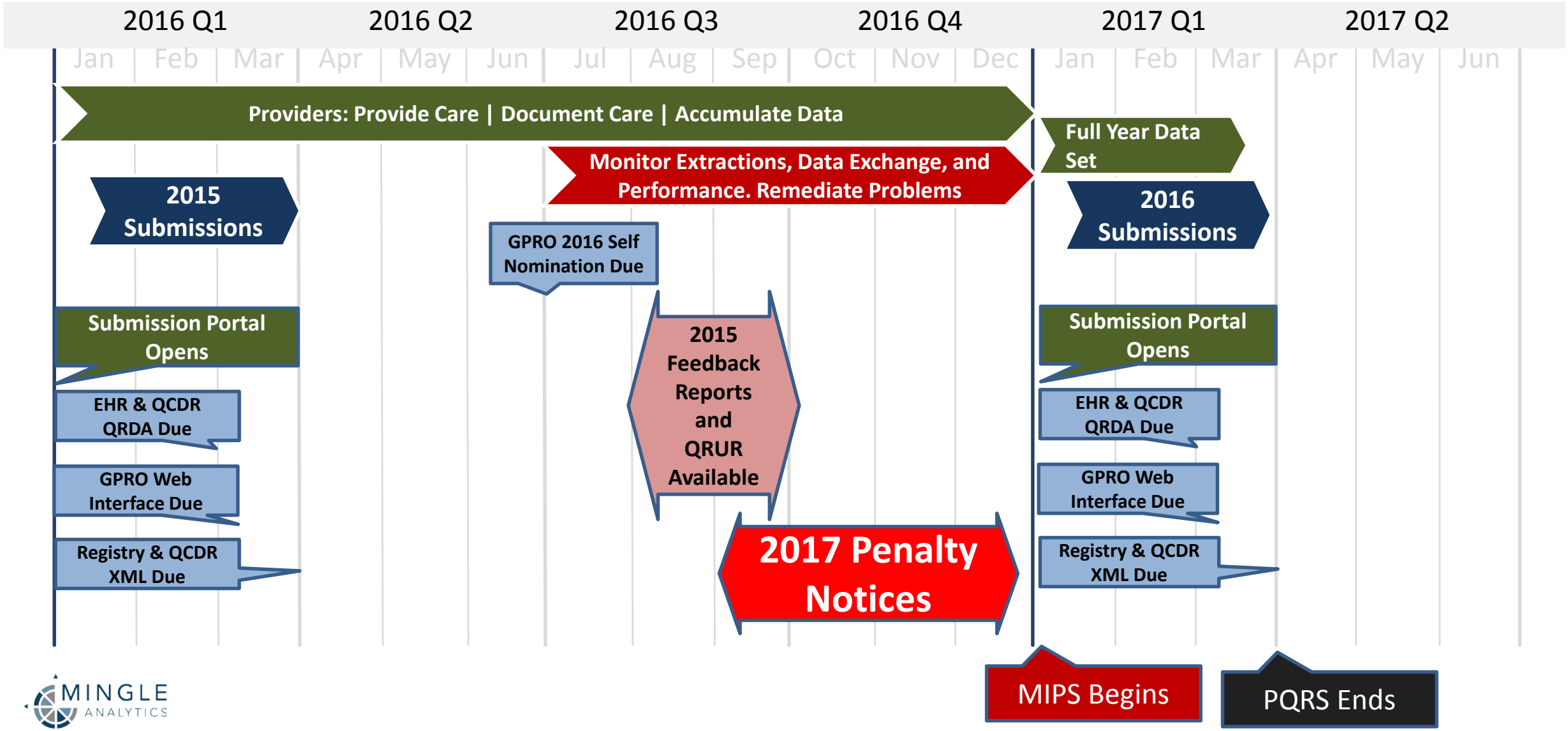
Questions and Discussion

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