



Starting at
Noon EDT
10/24/2016

Understanding your QRUR and How You're Scored on Cost and Quality

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

Dr. Dan Mingle





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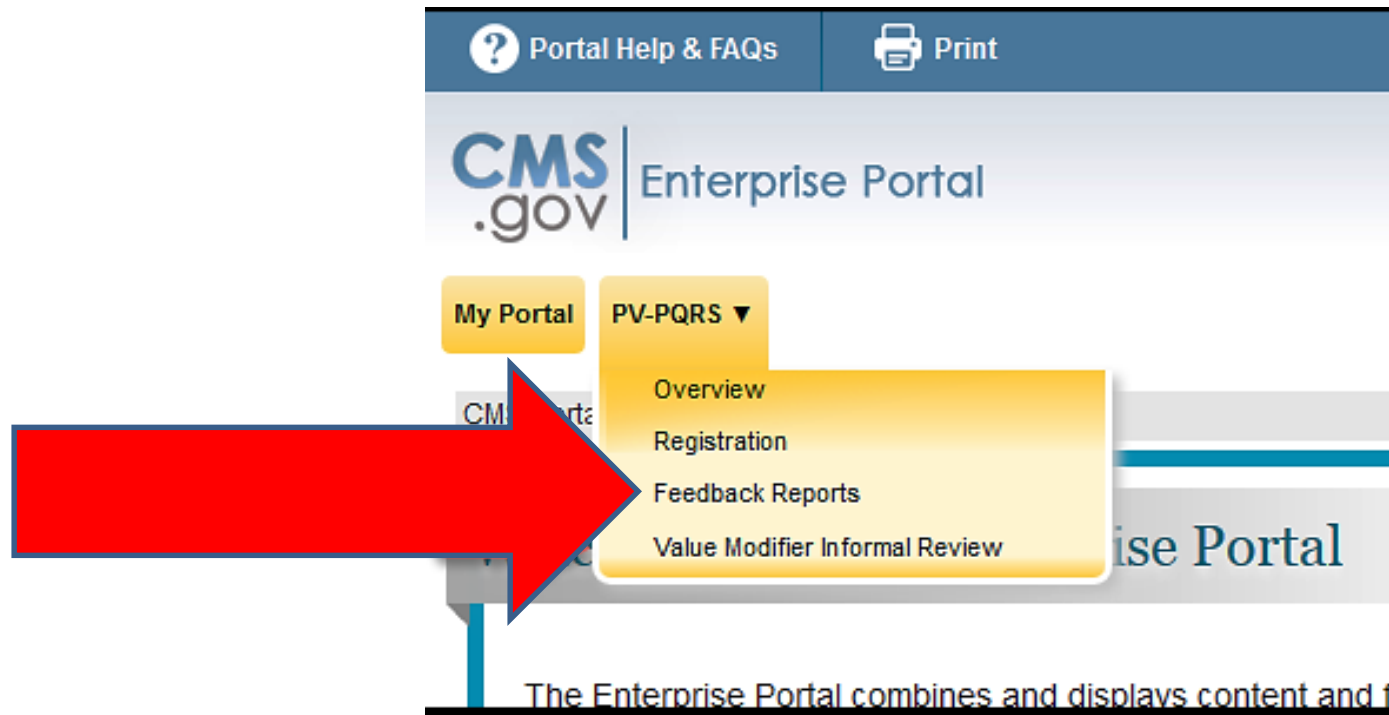
Agenda

- Review the Available Reports
- Accessing your Reports
- Review the Timeline
 - Requests for Informal Review Due by November 30
- Understanding the QRUR Report – Dr. Mingle
- A Sneak Preview of the 2017 MIPS/MACRA Final Rule

Step 1

Download your QRUR

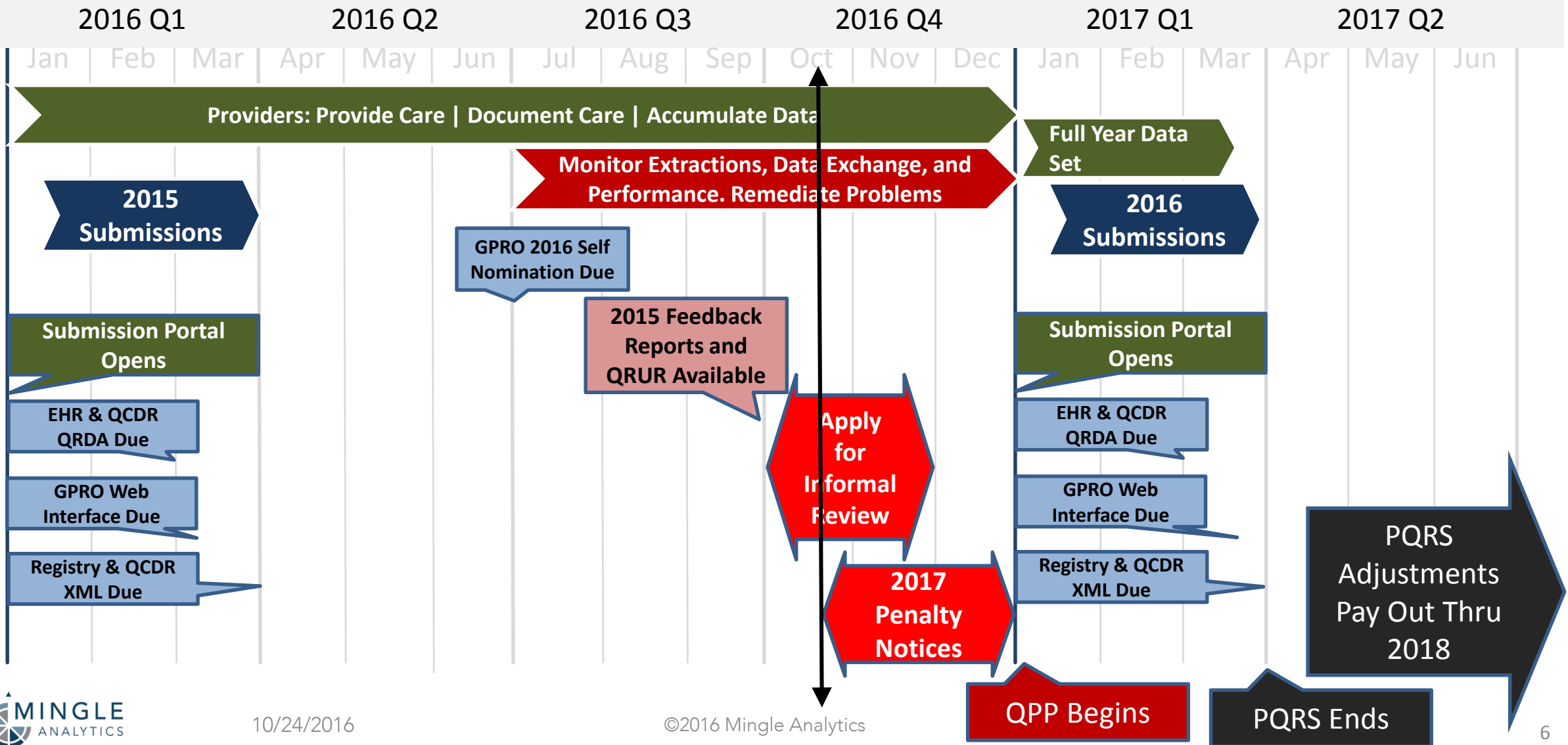
<https://portal.cms.gov>



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

PQRS - QPP Timeline



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

How to Read and Understand your QRUR Report

A Focused Review of Sample QRUR Reports

And Now for Something Completely Different

Excerpts from the Final Rule for Medicare's
Quality Payment Program (QPP) 2017
aka MIPS/MACRA

2017

Transition Year
and

Iterative Learning and Development Period

Characteristics of the Transition Year

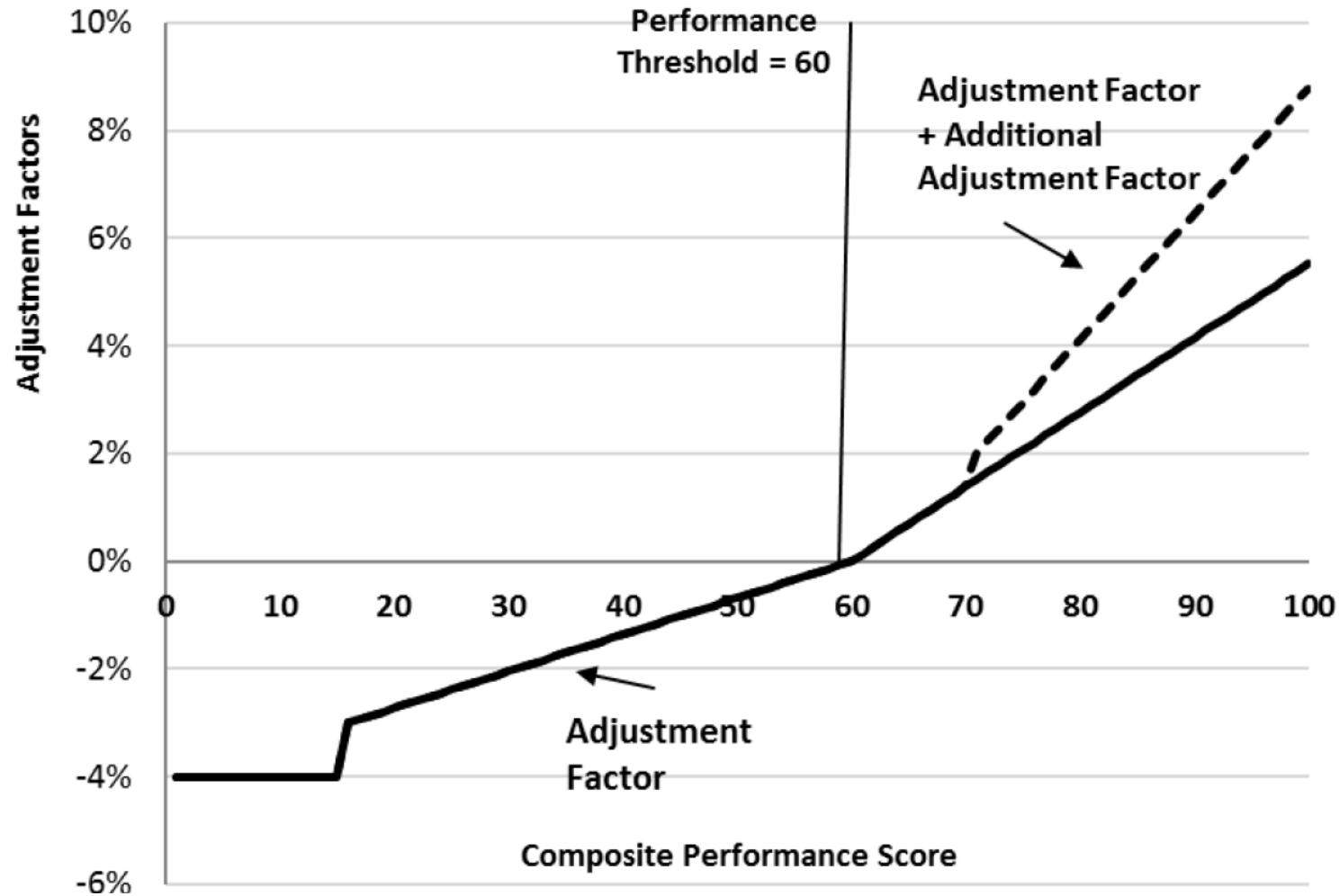
- Could last 2 years
- Pick your Pace
- Performance Categories
 - Cost Weighted @ 0 points
 - Quality Weighted @ 60 points
 - Clinical Practice Improvement Activities @ 15 points
 - Advancing Care Information @ 25
- Thresholds
 - Performance @ 3
 - Exceptional Performance Bonus @ 70
(\$500m pool)

Year 1 Original Proposal

From the CMS Proposed Rule

2017
Reporting
Year

2019
Payment
or
Program
Year

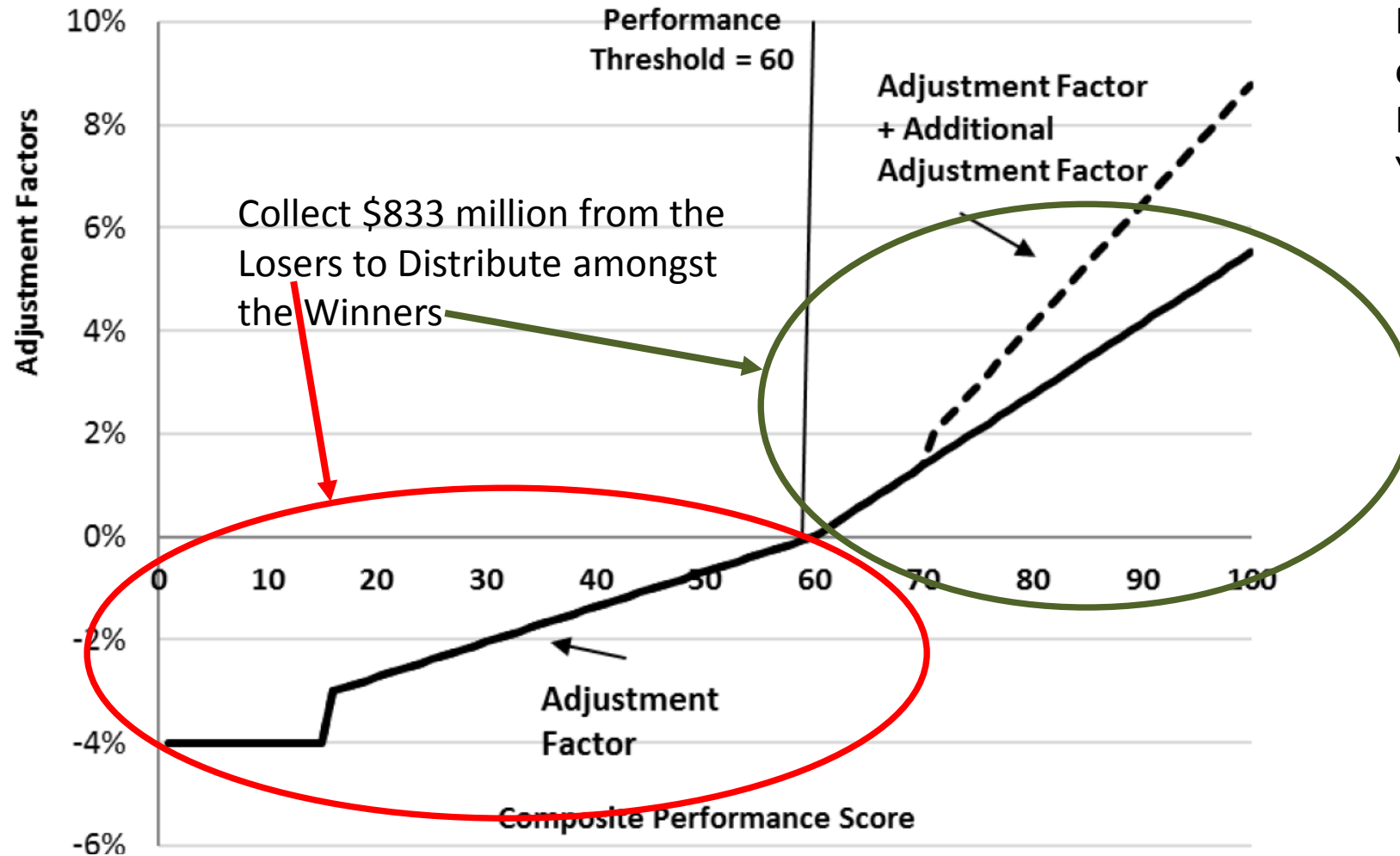


Year 1 Original Proposal

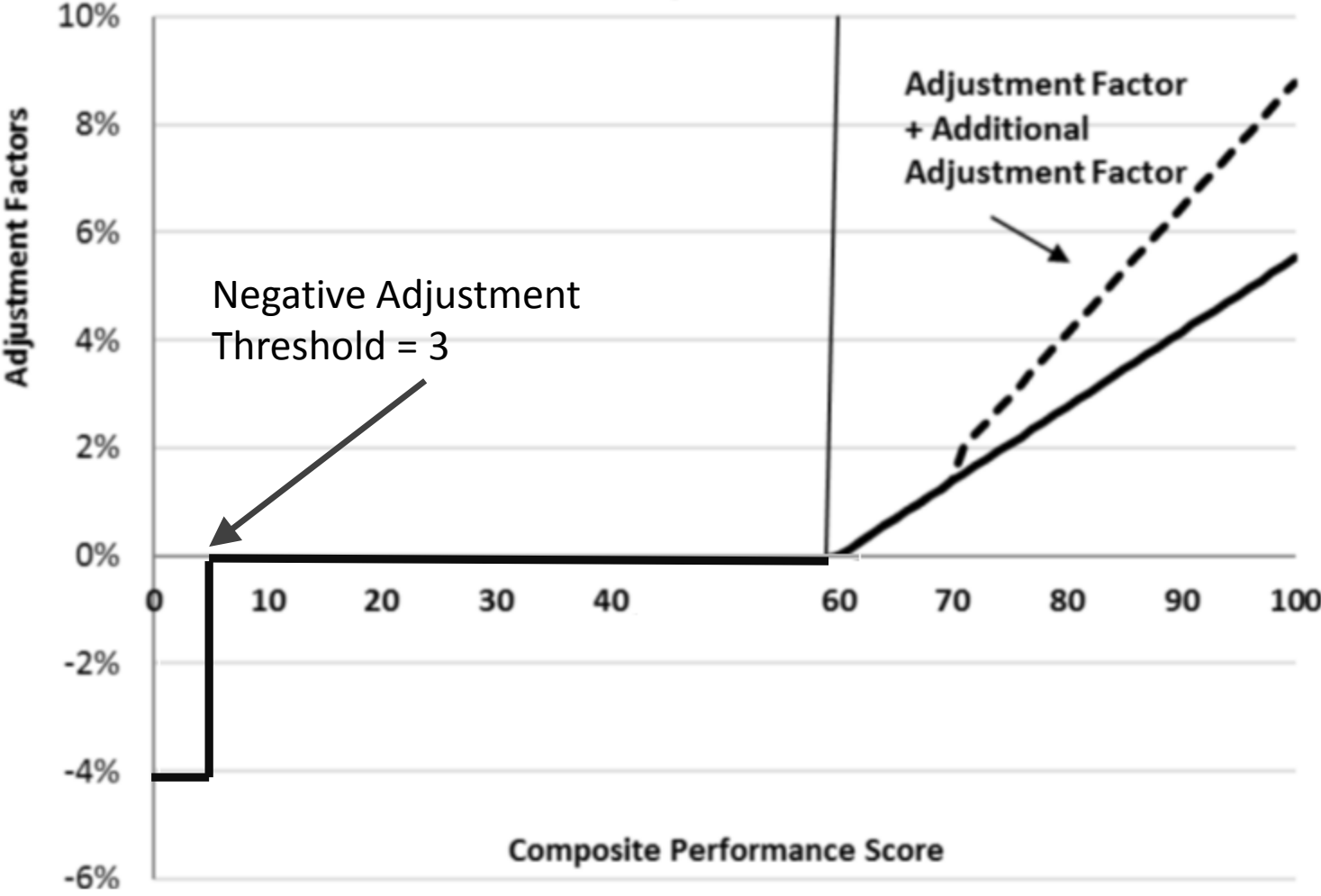
From the CMS Proposed Rule

2017
Reporting
Year

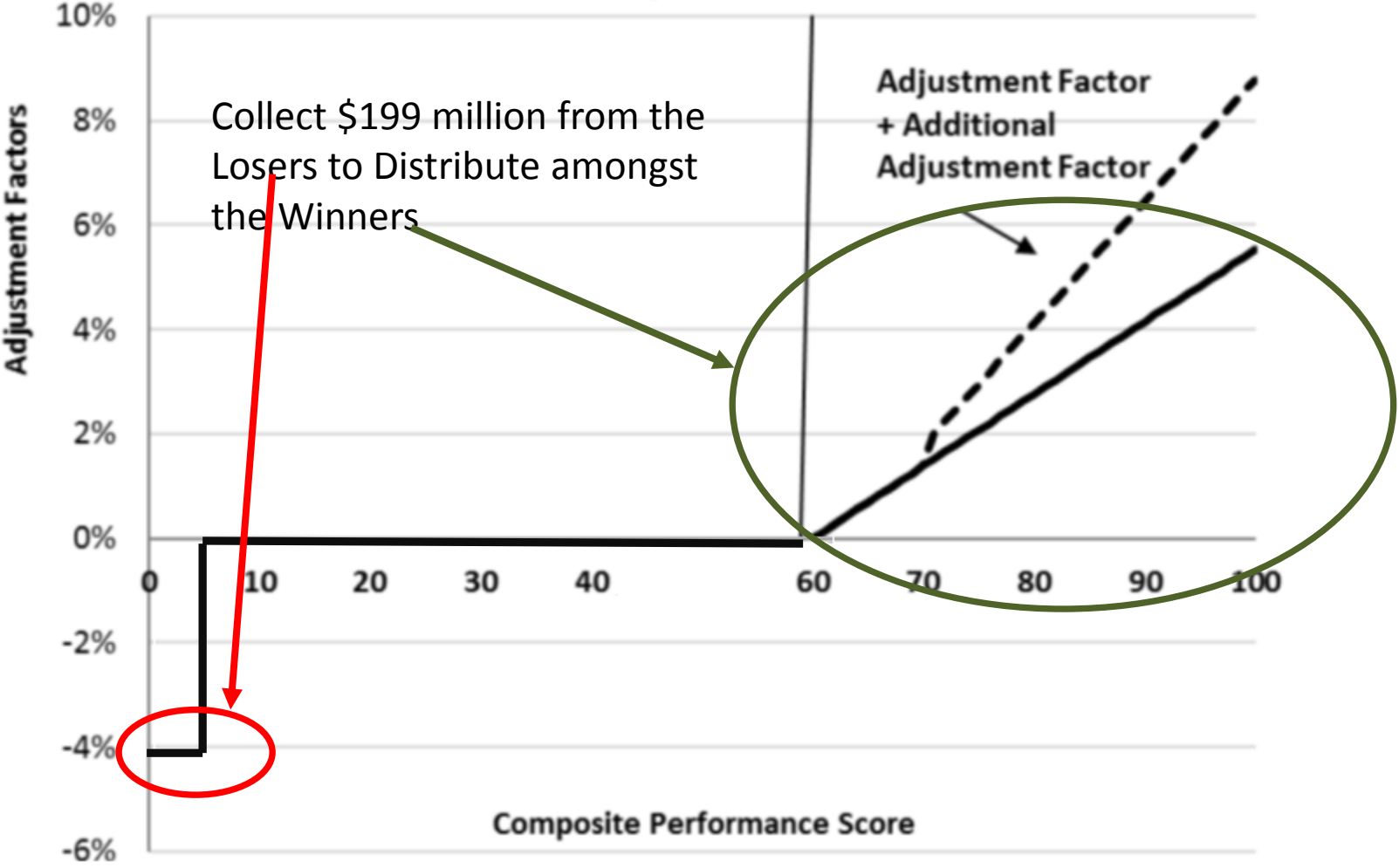
2019
Payment
or
Program
Year



Current Concept



Current Concept



Low Volume Threshold

- Low Volume Threshold
 - \leq ~~\$10,000~~ \$30,000 Medicare Allowed Charges
 - and or
 - \leq 100 Medicare Patients

Pick Your Pace

Option	Definition	Outcome
All In	Report to MIPS for a full 90-day period or the full year	Eligible for <ul style="list-style-type: none"> • Full Positive Adjustment • Exceptional Performance Bonus
Some Data	Report for a minimum 90-day period <ul style="list-style-type: none"> • more than one quality measure, or • more than one improvement activity, or • more than the required measures in ACI 	Avoid Negative Adjustment Eligible for Partial Positive Adjustment
One Measure	Report <ul style="list-style-type: none"> • One Quality Measure, or • One CPIA, or • Just the Required ACI Measures 	Avoid Negative Adjustment
APM	Participate in an Advanced APM	Eligible for 5% Positive Adjustment if Qualified
Do Nothing		4% Negative Adjustment



Join us for the first in the series of Final Rule Webinars

Review of the 2017 Final Rule: QPP, MIPS, MACRA

Wednesday, November 9, 2016

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