Physician Quality Reporting System (PQRS) and Value-based Payment Modifier (VM)

Jennifer Summar, Healthcare Quality Consultant
What is PQRS?
## Who PQRS Affects

<table>
<thead>
<tr>
<th>Practitioners &amp; Therapists</th>
<th>Medicare Physicians</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physician Assistant</td>
<td>Doctor of Medicine</td>
</tr>
<tr>
<td>Anesthetist</td>
<td>Doctor of Osteopathy</td>
</tr>
<tr>
<td>Clinical Psychologist</td>
<td>Doctor of Podiatric Medicine</td>
</tr>
<tr>
<td>Audiologist</td>
<td>Doctor of Optometry</td>
</tr>
<tr>
<td>Qualified Speech-Language Therapists</td>
<td>Doctor of Oral Surgery</td>
</tr>
<tr>
<td></td>
<td>Doctor of Dental Medicine</td>
</tr>
<tr>
<td>Nurse Practitioner</td>
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<tr>
<td>Certified Nurse Midwife</td>
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<tr>
<td>Clinical Nurse Specialist</td>
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<tr>
<td>Registered Dietician</td>
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<tr>
<td>Nutrition Professional</td>
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<tr>
<td>Physical Therapist</td>
<td></td>
</tr>
<tr>
<td>Occupational Therapist</td>
<td></td>
</tr>
<tr>
<td>Qualified Speech-Language Therapists</td>
<td></td>
</tr>
</tbody>
</table>
2015 Reporting Overview

- Several reporting mechanisms are available.
- Different options may be available within the specific reporting mechanism to satisfactorily report, in order to avoid the 2017 negative payment adjustment.

EPs

- Consider which reporting mechanism best fits your practice.
- Choose measures within the same option of reporting.
2015 Reporting Overview (cont.)

Reporting mechanisms available to individual EPs
- Medicare Part B claims submitted to CMS
- Qualified PQRS Registry
- Qualified Clinical Data Registry (QCDR)
- EHR direct product that is Certified Electronic Health Record Technology (CEHRT)
- EHR data submission vendor (DSV) that is CEHRT
2015 Reporting Overview (cont.)

Reporting mechanisms available to Groups*

- Qualified PQRS Registry (individual measures only)
- EHR Direct (using Certified Electronic Health Record Technology (CEHRT))
- EHR Data Submission Vendor (DSV) that is CEHRT
- GPRO Web Interface

*A Group is defined as 2+ EPs billing under one TIN.
Clinic collects data and submits quality data codes (QDCs) on each HCFA-1500 claim as billed to Medicare

Pros: It’s free!

Cons: Time-consuming, must start early in the year, no good method to track progress, must report on at least 50% of eligible Medicare patients.
Reporting Mechanism: Qualified PQRS Registry

- Contract relationship with vendor — some extract from EHR and some allow direct entry

- Vendor submits data (typically by March 31, 2016)

- **Pros:** It’s easy, esp. 20-pt method. Can start anytime.

- **Cons:** Not free. If reporting individual measures, must report on at least 50% of eligible Medicare patients.
Reporting Mechanism: QCDR

- Contract relationship with vendor, specialty, EHR or health system related

- Vendor arranges EIDM account and submits data in February or March 2016 depending on type of files submitted

- **Pros:** Some are free! Works much like Registry (individual measures).

- **Cons:** Must report on at least 50% of ALL eligible patients. No 20-patient method available.
Reporting Mechanism: EHR

- EHR vendor must support direct reporting, and EPs must be documenting the measures.
- Clinic must have an EIDM account and keep passwords up to date.

Pros: Usually free. EHR configures file that is uploaded.
Cons: Must report on 100% of Medicare eligible patients. Cannot confirm accuracy of data in the file.
Reporting Mechanism: EHR DSV that is CEHRT

- EHR must support direct reporting, and EPs must be documenting the measures in the system.

- Vendor extracts data from system, arranges EIDM account and submits data by Feb 28, 2016

- **Pros:** EHR vendor configures file and uploads for you.
- **Cons:** Not free. Must report on 100% of Medicare eligible patients. Cannot confirm accuracy of data in the file.
How Does PQRS Impact Me?
## Value-based Payment Modifier

Depending on the number of EPs billing under your Tax ID Number (TIN), VM affects you differently.

<table>
<thead>
<tr>
<th>Practice Size</th>
<th>Performance Year</th>
<th>Impact Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>100+ EPs</td>
<td>2013</td>
<td>2015</td>
</tr>
<tr>
<td>10 + EPs</td>
<td>2014</td>
<td>2016</td>
</tr>
<tr>
<td>1 + EPs</td>
<td>2015</td>
<td>2017</td>
</tr>
</tbody>
</table>

Value Based Modifier
http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeedbackProgram/ValueBasedPaymentModifier.html
Value Modifier: EPs Billing

1-9 EPs Billing Under a TIN

<table>
<thead>
<tr>
<th>Cost/Quality</th>
<th>Low Quality</th>
<th>Average Quality</th>
<th>High Quality</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low Cost</td>
<td>+0.0%</td>
<td>+1.0x*</td>
<td>+2.0x*</td>
</tr>
<tr>
<td>Average Cost</td>
<td>+0.0%</td>
<td>+0.0%</td>
<td>+1.0x*</td>
</tr>
<tr>
<td>High Cost</td>
<td>+0.0%</td>
<td>+0.0%</td>
<td>+0.0%</td>
</tr>
</tbody>
</table>

10+ EPs Billing Under a TIN

<table>
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<th>Average Quality</th>
<th>High Quality</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low Cost</td>
<td>+0.0%</td>
<td>+2.0x*</td>
<td>+4.0x*</td>
</tr>
<tr>
<td>Average Cost</td>
<td>-2.0%</td>
<td>+0.0%</td>
<td>+2.0x*</td>
</tr>
<tr>
<td>High Cost</td>
<td>-4.0%</td>
<td>-2.0%</td>
<td>+0.0%</td>
</tr>
</tbody>
</table>

*To be multiplied by the Adjusted Payment Factor (APF) to maintain budget-neutrality*
Payment Adjustments: Not Reporting PQRS in 2015

Groups sized 1 – 9 EPs

Failure to report in 2015 = negative 4% payment reduction in 2017
2% penalty for no PQRS reporting
2% penalty for value modifier

Groups sized 10+ EPs

Failure to report in 2015 = negative 6% payment reduction in 2017
2% penalty for no PQRS reporting
4% penalty for value modifier
EIDM Account (formerly IACS)

Practice will need a CMS Enterprise Portal account to submit PQRS data electronically to CMS

Also needed to access the Quality and Resource Use Report (QRUR) & PQRS Feedback Reports
Contact Us

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atom Alliance
1-800-760-4550 x3434
jenennifer.summar@area-G.hcqis.org

Find more information online at www.atomAlliance.org
Resources

QualityNet Help Desk (PQRS):
866-288-8912 (TTY 877-715-6222)
7:00 a.m.–7:00 p.m. CST M-F or qnetsupport@hcqis.org
You will be asked to provide basic information such as name, practice, address, phone, and e-mail

EHR Incentive Program Information Center:
888-734-6433 (TTY 888-734-6563)

ACO Help Desk via the CMS Information Center:
888-734-6433 Option 2 or cmsaco@cms.hhs.gov

Value Modifier Help Desk:
888-734-6433 Option 3 or pvhelpdesk@cms.hhs.gov
Questions?