2016 PQRS Overview

www.pqrswizard.com
I. Overview: PQRS and the Value-Based Modifier
   I. PQRS
   II. Value Based Modifier
   III. Financial Risk

II. PQRSwizard Reporting Options

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Overview: PQRS and the Value-Based Modifier
What is the Physician Quality Reporting System (PQRS)?

• CMS pay for reporting program

• Performance scores assigned to participants based on quality measure information reported.

• Intended to help health care professionals and group practices measure the care they give their patients and provide patients with the right care at the right time.

• Public Reporting - some of the quality measure performance scores are available on Physician Compare profile pages.

• Failure to meet PQRS reporting requirements would lead to a PQRS payment adjustment (penalty).
How does the PQRS payment adjustment schedule work?

- Non-PQRS reporters 2016: automatic 2% penalty
- Reduction will be taken off of the 2018 reimbursements from Medicare
Who is Eligible for PQRS?

- **Medicare physicians**
  - Doctor of Medicine
  - Doctor of Osteopathy
  - Doctor of Podiatric Medicine
  - Doctor of Optometry
  - Doctor of Oral Surgery
  - Doctor of Dental Medicine
  - Doctor of Chiropractic

- **Therapists**
  - Physical Therapist
  - Occupational Therapist
  - Qualified Speech-Language Therapist

- **Practitioners**
  - Physician Assistant
  - Nurse Practitioner*
  - Clinical Nurse Specialist*
  - Certified Registered Nurse Anesthetist* (and Anesthesiologist Assistant)
  - Certified Nurse Midwife*
  - Clinical Social Worker
  - Clinical Psychologist
  - Registered Dietician
  - Nutrition Professional
  - Audiologists
  *Includes Advanced Practice Registered Nurse (APRN)

“Transforming Medicare from a **passive payer** to an **active purchaser** of high quality, efficient healthcare”
What is the Value Based Modifier (VBM)?

- CMS Pay for Performance program
- Adjusts Medicare Physician Fee Schedule (PFS) payments based on quality and cost performance attributed to a physician or group of physicians
- Failure to meet PQRS reporting requirements would lead to an additional VBM payment adjustment (penalty)
- VBM score determines payment adjustment to all TIN’s future claims: upward, downward, and neutral
Quality tiering approach for the Value Modifier

Relationship between quality of care, cost composites and the Value Modifier

**PQRS Measures**
EPs/Groups select measures to report addressing at least 3 NQS domains

**Patient Experience**
For groups electing or required to report CAHPS

**Outcomes**
CMS calculates 3 measures from FFS claims: readmissions, ambulatory care sensitive conditions (acute and chronic)

**Total per Capita Costs**

**Condition-specific total per capita costs**
Diabetes, CAD, HF, COPD

**MSPB**

**Quality of Care**
Classification
Low/Average/High

**Value Modifier Adjustment**

**Cost Composite**
Low/Average/High
## Quality tiering approach for the Value Modifier

### CY 2018 VM Payment Adjustment Amounts for Physicians, PAs, NPs, CNSs, & CRNAs in groups with 2-9 EPs and solo providers

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

### CY 2018 VM Payment Adjustment Amounts for Physicians, PAs, NPs, CNSs, & CRNAs in groups with 10+ EPs and solo providers

<table>
<thead>
<tr>
<th></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>+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>

**Notes:**
- "x" refers to a payment adjustment factor yet to be determined
- * higher performing groups serving high-risk beneficiaries (based on average risk scores) are eligible for an additional adjustment of +1.0x%
• **NON-PQRS Reporters 2016: Automatic Penalty**
  - ADDITIVE to PQRS Program’s 2% penalty
  - 50% of EPs must SUCCESSFULLY report PQRS Measures to avoid this automatic reduction

• **Successful PQRS Reporters 2016: VM Quality-Tiering**
  - Payment adjustments **Upward, Downward, or Neutral** depending upon TIN’s performance against it’s peer group (any TIN with attributed patients of 20+)

**How does the VBM payment adjustment schedule work?**

![Performance year](2016-2020)
![Payment year](2016-2020)
# Summary of Financial Risk: PQRS & VM together?

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</thead>
<tbody>
<tr>
<td>Physicians, PAs, NPs, CNSs, &amp; CRNAs in groups with 2-9 EPs and solo providers</td>
<td>2016</td>
<td>2018</td>
<td>-4% (Includes PQRS and VBM penalties)</td>
<td>No Penalty</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Negative (up to -2%), Neutral (0%) or Upward (up to 2%)</td>
</tr>
<tr>
<td>Physicians, PAs, NPs, CNSs, &amp; CRNAs in groups with 10+</td>
<td>2016</td>
<td>2018</td>
<td>-6% (Includes PQRS and VBM penalties)</td>
<td>No Penalty</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Negative (up to -4%), Neutral (0%) or Upward (up to 4%)</td>
</tr>
<tr>
<td>Groups &amp; Solo Providers (All Non-Physician EPs)</td>
<td>2016</td>
<td>2018</td>
<td>-2% (Includes PQRS and VBM penalties)</td>
<td>No Penalty</td>
</tr>
<tr>
<td></td>
<td></td>
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<td></td>
<td>Neutral (0%) to Upward (up to 2%)</td>
</tr>
</tbody>
</table>
PQRS wizard Registry Reporting Options
CECity’s PQRS wizard 2015 Reporting Options

• Measure Groups
  • All 2016 measure groups

• Individual Measures
  • All registry-based individual measures

• GPRO
  • All registry-based individual measures

• QCDR
  • Visit the QCDR page of the PQRSwizard website for a list of CECity-powered QCDRs

• ACO
  • CECity has solutions to assist ACOs with quality reporting
    • Contact us for details
### PQRS Reporting Compliance for Individual Providers

<table>
<thead>
<tr>
<th>Measures Group</th>
<th>Report one (1) measure group (per eligible professional) for a 20 patient sample, a majority of whom must be Traditional Medicare Part B FFS patients.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individual Measures</td>
<td>Report on nine (9) individual measures, across at least three (3) NQS domains for fifty percent (50%) of eligible Medicare patients. Providers who treat at least 1 Medicare patient in a face-to-face encounter must report on at least 1 cross-cutting PQRS measure.</td>
</tr>
</tbody>
</table>

[1] Eligible professionals with a specialty that has less than 9 measures or less than 3 domains would be subject to the Measure-Applicability Validation (MAV) process, but could still avoid the payment adjustment.
### 2016 PQRS Measures Groups

<table>
<thead>
<tr>
<th>Diagnoses</th>
<th>Preventive Care</th>
<th>Procedures</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diabetes</td>
<td>Chronic Obstructive Pulmonary Disease (COPD)</td>
<td>Optimizing Patient Exposure to Ionizing Radiation (OPEIR)</td>
</tr>
<tr>
<td>Chronic Kidney Disease (CKD)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Preventive Care</td>
<td>Inflammatory Bowel Disease (IBD)</td>
<td>Sinusitis</td>
</tr>
<tr>
<td>Coronary Artery Bypass Graft (CABG)</td>
<td>Sleep Apnea</td>
<td>Acute Otitis Externa (AOE)</td>
</tr>
<tr>
<td>Rheumatoid Arthritis (RA)</td>
<td>Dementia</td>
<td>Cardiovascular Prevention</td>
</tr>
<tr>
<td>Hepatitis C</td>
<td>Parkinson’s Disease</td>
<td>Diabetic Retinopathy</td>
</tr>
<tr>
<td>Heart Failure (HF)</td>
<td>Cataracts</td>
<td>and Multiple Chronic Conditions</td>
</tr>
<tr>
<td>Coronary Artery Disease (CAD)</td>
<td>Oncology</td>
<td></td>
</tr>
<tr>
<td>HIV/AIDS</td>
<td>Total Knee Replacement (TKR)</td>
<td></td>
</tr>
<tr>
<td>Asthma</td>
<td>General Surgery</td>
<td></td>
</tr>
</tbody>
</table>
## PQRS Reporting Compliance for the Group Practice Reporting Option (GPRO)

| Individual Measures | Report on nine (9) individual measures, across at least three (3) NQS domains for fifty percent (50%) of eligible Medicare patients. Practices who treat at least 1 Medicare patient in a face-to-face encounter must report on at least 1 cross-cutting PQRS measure. |

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[1] Eligible professionals with a specialty that has less than 9 measures or less than 3 domains would be subject to the Measure-Applicability Validation (MAV) process, but could still avoid the payment adjustment.
PQRS wizard Registry Walkthrough
Start Now or Sign Into Your Account
CECity’s Product Selection Guide

Don’t know which product to select?
Select this option to walk through a short questionnaire to recommend reporting products for your practice.

If you know how you’d like to report, select one of the available reporting options and begin your reporting immediately!
CECity’s Product Selection Guide

Group Practice Reporting Option (GPRO)

PQRS Measures Groups
FOR INDIVIDUAL PROVIDERS
- Report on 20 of your patients seen in 2015, 11 of which must be Medicare Part B Fee-For-Service (FFS) patients

PQRS Individual Measures
FOR INDIVIDUAL PROVIDERS
- Report 9 individual measures over 3 National Quality Strategy (NQS) domains for 50% of 2015 eligible Medicare Part B Fee-For-Service (FFS) patients
- Providers who treat at least 1 Medicare patient in a face-to-face encounter, must report on at least 1 crosscutting PQRS measure

For GPRO Group Practices
FOR GPRO GROUP PRACTICES
- Report 9 individual measures over 3 National Quality Strategy (NQS) domains for 50% of 2015 eligible Medicare Part B Fee-For-Service (FFS) patients per GPRO TIN
- Group practices who treat at least 1 Medicare patient in a face-to-face encounter, must report on at least 1 crosscutting PQRS measure

Qualified Clinical Data Registry
FOR INDIVIDUAL PROVIDERS AND GPRO GROUP PRACTICES
- Providers report on customized QCDR measures
- Monitor performance scores and compare your performance against benchmarks and peer comparators
- Analyze performance gaps in care, identify patient outliers, and access patient care management tools & improvement resources

ACO Quality Reporting
FOR ACCOUNTABLE CARE ORGANIZATIONS (ACO)
- Monitor performance scores and compare your performance against benchmarks and peer comparators
- Analyze performance gaps in care, identify patient outliers, and access patient care management tools & improvement resources

Don’t know which method to choose?
Answer a few short questions and we can help you find the right PQRSwizard reporting product for your practice

COMING SOON

Compare reporting methods

CECity’s PQRSwizard Demonstration Series

PREMIER PQRSwizard
Get Started:
Begin your 2016 Reporting Product Registration
Select Your Preferred Reporting Product
(Measures Group Example)
Session from CECity’s PQRS wizard/Demonstration Series

Review Reporting Requirements
Review Measure Details

What measures do I need to report?

To successfully report on this measures group, you will need to satisfy the measures listed below. Click on the measure title for more information.

1. PQRS Measure #1
   Diabetes: Hemoglobin A1c Poor Control

2. PQRS Measure #110
   Preventive Care and Screening: Influenza Immunization

3. PQRS Measure #117
   Diabetes: Eye Exam

4. PQRS Measure #119
   Diabetes: Medical Attention for Nephropathy

5. PQRS Measure #125
   Diabetes Mellitus: Diabetic Foot and Ankle Care, Peripheral Neuropathy-Neurological Evaluation

6. PQRS Measure #226
   Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention
Purchase your 2016 Report

Diabetes Measures Group

Before you register, please familiarize yourself with the data collection requirements. Take note of the eligible age range, diagnosis codes, patient encounter codes, required measures and the data collection form.

$299 per provider
All 2016 reporting participants must have a Premier Solution Services agreement in place with their organization at the Tax ID level before data can be collected by the registry.

To begin this process, enter your Tax ID into the fields provided.

If you have worked with the Premier team to complete this agreement offline, a validation code would have been provided to your organization.

- If you have a validation code, please click the “Yes” button for the subsequent question.
- If you are completing this agreement for the first time for the reporting period and do not have a validation code, please click the “No” button.
Complete Payment for your 2016 PQRS report
Join Us for PQRSwizard Demonstrations!

- Complimentary monthly product demonstrations are offered through our PQRSwizard support page to illustrate just how easy the PQRS wizard is to use!
  - Visit the www.pqrswizard.com to register for the next event or to view archived demonstrations!
Support & Resources

Contact the PQRSwizard Support Team

Register for upcoming webcasts