The Physician Quality Reporting System (PQRS): The Past, the Present, and the Future

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PQRS: The Past

• The concept of a physician quality reporting program in Medicare dates back to 2005
  – Physician Voluntary Reporting Program (PVRP)
  – Purpose was to capture data about the quality of care provided to Medicare beneficiaries
  – Launched with a “core starter set” of 16 measures

• On December 20, 2006, President Bush signed the Tax Relief and Health Care Act of 2006 (TRHCA), which formally authorized the Physician Quality Reporting Initiative (PQRI)

• The Medicare, Medicaid, and SCHIP Extension Act of 2007 extended the incentive payment for 2008 and 2009

• The Medicare Improvements for Patients and Providers Act of 2008 (MIPPA) made the PQRI program permanent, with incentive payments authorized through 2010 (2.0 percent)
PQRS: The Past

• Affordable Care Act (ACA), the PQRS (formerly PQRI) and its incentives were authorized through 2014
  – (EPs) earning a 1.0 percent incentive in 2011, and a 0.5 percent incentive in 2012, 2013 and 2014
  – Also able to earn an additional 0.5 percent incentive payment by participating in a maintenance of certification program

• ACA also mandates payment adjustments to begin in 2015 to be applied to EPs who fail to successfully report quality measures
  – CMS to impose a 1.5 percent negative payment adjustment to EPs who do not successfully report in 2015
  – Increase to a 2.0 percent negative payment adjustment in 2016 through 2018 (new per MACRA)

• American Taxpayer Relief Act of 2012 established qualified clinical data registries (QCDRs) as a new way to report quality measures starting in 2014

• Payment adjustments are legislatively mandated, CMS does not have the authority to waive
2015 is the performance year to determine if a payment adjustment will be assessed in 2017

Eligible professionals include: physicians, physician assistants, nurse practitioners, clinical nurse specialists, certified registered nurse anesthetists, certified nurse midwives, clinical social workers, clinical psychologists, registered dieticians, audiologists, and some therapists

EPs can participate as individuals or as part of a group through the Group Practice Reporting Option (GPRO)

Several mechanisms available for reporting including claims, qualified registries, electronic health record system, qualified clinical data registries, GPRO-Web interface, patient-focused survey (CAHPS)
PQRS: Important Dates

• Individual physicians do not need to sign up or pre-register in order to participate in PQRS

• April 1, 2015: First day to register through PV-PQRS Registration System to participate in PQRS 2015 via GPRO

• June 30, 2015: Last day to register through the PV-PQRS Registration System to participate in PQRS 2015 via GPRO

• December 31, 2015: Reporting for the 2015 PQRS program year ends for both group practices and individuals

• 2015 reporting will influence 2017 payment adjustment
The Registration System can be accessed using a valid Individuals Authorized Access to the CMS Computer Services (IACS) account. CMS strongly encourage groups to obtain an IACS account and register by June 26, since registration will close on June 30, 2015.

Instructions for obtaining an IACS account with the correct role are provided on the PQRS GPRO Registration web page. Instructions for registering to participate in the 2015 PQRS GPRO are provided in the 2015 PQRS GPRO Registration Guide.
If a group is reporting for PQRS through another Centers for Medicare & Medicaid Services (CMS) program (such as the Comprehensive Primary Care Initiative, Medicare Shared Savings Program, or Pioneer Accountable Care Organizations), please check the program’s requirements for information on how to report quality data to avoid the PQRS payment adjustment.

Please note: Although CMS has attempted to align or adopt similar reporting requirements across quality programs, individual EPs should look to the respective quality program to ensure they satisfy the requirements for each program (such as PQRS, EHR Incentive Program, Value-based Payment Modifier (Value Modifier), etc.) in which they participate.
Value Modifier

- 2015 also the performance year for assessment of the Value-Based Payment Modifier in 2017

- VM assesses both quality of care furnished and the cost of that care under the Medicare Physician Fee Schedule

- Assessed to all physicians who are solo practitioners or practicing as part of a group
  - Physicians in groups with 2-9 EPs and physician solo practitioners receive only the upward or neutral VM adjustment under quality-tiering
  - Physicians in groups with 10+ EPs can receive upward, neutral, or downward VM adjustment under quality-tiering

- VM will be assessed to non-physician practitioners in 2018 based on 2016 PQRS performance

- Non-reporting of PQRS means an automatic downward adjustment for the value modifier (in addition to the PQRS payment adjustment)
How to Report Once for 2015 Medicare Quality Reporting Programs

February 2015; Revised March 2015, April 2015

Table of Contents

How to Report Once for 2015 Medicare Quality Reporting Programs: Individual Eligible Professionals ______ 3
How to Report Once for 2015 Medicare Quality Reporting Programs: Group Practices _____________________ 5
How to Report Once for 2015 Medicare Quality Reporting Programs: Medicare Shared Savings Program Accountable Care Organizations __________________________________________ 7
How to Report Once for 2015 Medicare Quality Reporting Programs: Pioneer Accountable Care Organizations 9

How to Report Once for 2015 Medicare Quality Reporting Programs: Individual Eligible Professionals

I Am An Individual Eligible Professional

- Review the list of eligible professionals on the ‘How to Get Started’ page of the CMS PQRS Website
- Must participate in PQRS as an individual (not a member of a group practice who has registered or self-nominated for the group practice reporting option (GPRO) via PQRS)

CHOOSE PQRS ELECTRONIC REPORTING USING AN EHR or *QUALIFIED CLINICAL DATA REGISTRY:

DIRECT EHR PRODUCT THAT IS CERTIFIED EHR TECHNOLOGY (CEHRT) or
EHR DATA SUBMISSION VENDOR THAT IS CEHRT

*Reports at least 9 of the CQM's as finalized in the 2015 Medicare Physician Fee Schedule (MPFS) final rule for the full
12-month reporting period

REPORT ON 9 CQM's COVERING AT LEAST 3 OF
THE NATIONAL QUALITY STRATEGY DOMAINS

If an eligible professional’s CEHRT does not contain patient data for at least 9 CQM's covering at least 3 National Quality
Strategy (NQS) domains, then the eligible professional must report the CQM for which there is Medicare patient data.
An eligible professional must report at least one CQM containing Medicare patient data.

12 MONTHS
1/1/15 – 12/31/15

Refer to the EHR Incentive Program website documents for a listing of measures that satisfy the CQM component, then
utilize the eCQMs for those measures
How Does 2015 PQRS Participation Affect the VM in 2017?

1. **Do you plan to report for PQRS in 2015?**
   - **Yes**
     - **Are you a solo EP or part of a group?**
       - **Solo**
         - **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
       - **Group**
         - **Does the group plan to report PQRS as a group?**
           - **Yes**
             - Does group meet 50% threshold?
               - **Yes**
                 - All EPs in group report PQRS to avoid 2017 PQRS payment adjustment. For the 50% threshold option, at least 50% of the EPs must report to avoid the 2017 PQRS payment adjustment
               - Physicians in Groups of 2-9 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**
               - All EPs (solo and in groups of 2+ EPs) will be subject to the 2017 PQRS payment adjustment of -2.0%
               - All solo physicians and physicians in groups of 2-9 EPs will be subject to the 2017 VM downward adjustment of -2.0%
               - All physicians in groups of 10+ EPs will be subject to the 2017 VM downward adjustment of -4.0%
           - **No**
<table>
<thead>
<tr>
<th>Professional</th>
<th>PQRS</th>
<th>Value Modifier</th>
<th>EHR Incentive Program</th>
</tr>
</thead>
<tbody>
<tr>
<td>DDM</td>
<td>+2.0 (x), +1.0 (x), or neutral</td>
<td>+4.0 (x), +2.0 (x), or neutral</td>
<td>-2.0% or -4.0% of MPFS</td>
</tr>
<tr>
<td>Oral Sur</td>
<td>-2.0% of MPFS</td>
<td>-2.0% of MPFS</td>
<td>N/A</td>
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<tr>
<td>Pod.</td>
<td>N/A</td>
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<td>Opt.</td>
<td>N/A</td>
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<td>Chiro.</td>
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**Total Medicare Payment Adjustment at Risk for Non-Participation in PQRS and Meaningful Use in 2017**

- Physicians in groups of 2-9 EPs & Solo physicians: -7.0%
- Physicians in groups of 10+ EPs: -9.0%
<table>
<thead>
<tr>
<th>Practitioners</th>
<th>PQRS Pay Adj. (2017)</th>
<th>Value Modifier</th>
<th>EHR Incentive Program</th>
<th>Total Medicare Payment Adjustments at Risk for Non-Participation in PQRS and Meaningful Use in 2017</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Physician Assistant</strong></td>
<td>Groups of 2+ EPs</td>
<td></td>
<td>Medicare Inc.</td>
<td>N/A</td>
</tr>
<tr>
<td><strong>Nurse Practitioner</strong></td>
<td></td>
<td></td>
<td>Medicaid Inc. (2015)</td>
<td>N/A</td>
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<tr>
<td><strong>Clinical Nurse Specialist</strong></td>
<td></td>
<td></td>
<td>Medicare Pay Adj. (2017)</td>
<td>N/A</td>
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<tr>
<td><strong>Certified Registered Nurse Anesthetist</strong></td>
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<td>N/A</td>
<td>N/A</td>
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<td><strong>Certified Nurse Midwife</strong></td>
<td><strong>-2.0% of MPFS</strong></td>
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<td>$8,500 or $21,250</td>
<td>-2.0% of MPFS</td>
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<tr>
<td><strong>Clinical Social Worker</strong></td>
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<td>N/A</td>
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<td><strong>Clinical Psychologist</strong></td>
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<td>N/A</td>
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<td><strong>Registered Dietician</strong></td>
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<td>N/A</td>
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<td><strong>Nutrition Professional</strong></td>
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<td>N/A</td>
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<td><strong>Audiologits</strong></td>
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<td>N/A</td>
<td>N/A</td>
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<tr>
<td><strong>Therapists</strong></td>
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<td></td>
<td></td>
<td>-2.0% of MPFS</td>
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<tr>
<td><strong>Physical Therapist</strong></td>
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<td>N/A</td>
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<tr>
<td><strong>Occupational Therapist</strong></td>
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<td>N/A</td>
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<tr>
<td><strong>Qualified Speech-Language Therapist</strong></td>
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<td>N/A</td>
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Note: EPs included in the definition of “group” to determine group size for application of the value modifier in 2017 (2 or more EPs). In 2017, VM only applies to payments made to physicians under the MPFS; beginning in 2018, VM will also apply to non-physician EPs.
The Medicare Access and CHIP Reauthorization Act of 2015 (MACRA) signed on April 16

In addition to permanently repealing the Sustainable Growth Rate (SGR) and instituting a stable period of annual updates (0.5% through 2019), established new payment models

MACRA establishes the **Merit-Based Incentive Payment System (MIPS)**, which combines PQRS, the Value Modifier and the EHR Meaningful Use programs

Other “Alternative Payment Models (APMs)” also established

Individual payment adjustments for PQRS, VM and MU sunset in 2018
MIPS contains four categories of performance assessment which are weighted to come up with a composite score (0-100):

1. Quality measures (30%)
2. Resource Use (30%)
3. Meaningful Use of EHRs (25%)
4. Clinical Practice Improvement Activities (15%)

Quality measures will be based on those in existing programs, with changes subject to the annual MPFS rulemaking process.

QCDRs and EHRs will be heavily promoted as method of submitting measures.

MIPS payment adjustments start in 2019:
- 2019: -4%
- 2020: -5%
- 2021: -7%
- 2022: - 9%
**What is ICD-10?**

In 1990, the World Health Organization (WHO) approved the 10th Revision of the International Classification of Diseases (ICD), known as ICD-10.

<table>
<thead>
<tr>
<th>What</th>
<th>Why</th>
<th>When</th>
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<tr>
<td>• A method of coding:</td>
<td>• ICD-10-CM and PCS are complete revisions of their U.S. developed ICD-9 counterparts, which were adopted in 1979</td>
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</tbody>
</table>
|   » The patient’s state of health and     |   » More information per code            | 10/1/15
|   » Institutional procedures              |   » Better support for care management, quality measurement, and analytics |
|   • In the U.S., ICD-10 includes:         |   » Improved ability to understand risk and severity |
|   » ICD-10-CM: clinical modification of WHO standard for diagnoses that is maintained by NCHS and is for specific use in the U.S. | | |
|   » ICD-10-PCS: inpatient procedures developed and maintained by CMS | | |
|                                           | • All HIPAA-covered entities must use ICD-10 | |

**Who**

<table>
<thead>
<tr>
<th>Compliance Date: 10/1/15</th>
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<tbody>
<tr>
<td>» Outpatient services are based on the Date of Service</td>
</tr>
<tr>
<td>» Inpatient services are based on the Date of Discharge</td>
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</table>
Resources

CMS website:
www.cms.gov/icd10

• Features fact sheets, FAQs, and implementation guides, timelines, and checklists
Where to Call for Help

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

• **Provider Contact Center:**
  – Questions on status of 2013 PQRS/eRx Incentive Program incentive payment (during distribution timeframe)
  – See [Contact Center Directory](http://www.cms.gov/MLNProducts/Downloads/CallCenterTollNumDirectory.zip)

• **Medicare 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

• **Comprehensive Primary Care (CPC) Initiative Help Desk:**
  – 800-381-4724 or cpcisupport@telligen.org

• **Physician Value Help Desk (for VM questions)**
  – Monday – Friday: 8:00 am – 8:00 pm EST
  – Phone: 888-734-6433, press option 3

• **Physician Compare Help Desk**
  – Email: PhysicianCompare@westat.com
Online Resources

- 2015 MPFS Final Rule

- CMS PQRS Website
  http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment- Instruments/PQRS

- Medicare and Medicaid EHR Incentive Programs

- Medicare Shared Savings Program
  http://cms.gov/Medicare/Medicare-Fee-for-Service-Payment/sharedsavingsprogram/Quality_Measures_Standards.html

- CMS Value-based Payment Modifier (VM) Website
  http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeedback Program/ValueBasedPaymentModifier.html

- Physician Compare
  http://www.medicare.gov/physiciancompare/search.html

- Frequently Asked Questions (FAQs)
  https://questions.cms.gov/

- MLN Connects™ Provider eNews
  http://cms.gov/Outreach-and-Education/Outreach/FFSProvPartProg/Index.html

- PQRS Listserv
Questions?

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