



Quality Improvement Organizations

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CENTERS FOR MEDICARE & MEDICAID SERVICES

Great Plains



Quality Innovation Network

PQRS: What is NEW in 2016

Find out what you should be doing this year to avoid a 2% payment adjustment and value modifier adjustment in 2018

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*Please be considerate of others and mute your phone line now with *6. Lines should remain muted throughout the presentation and through Q&A, unless you have a question at that time!*

Thank you!

Reporting Year 2016

- 3 new measure groups were added
 - Multiple Chronic Conditions
 - Cardiovascular Prevention (Million Hearts)
 - Diabetic Retinopathy
- QCDR (Qualified Clinical Data Registry) reporting option for groups **added**
- Update to the measures:
 - 281 measures in the PQRS measure set
 - 18 measures in the GPRO Web-Interface set
 - 23 Cross-cutting measures set

Additional Changes in 2016

- The 2018 payment adjustment will be the **last** adjustment issued under PQRS
- The Merit-Based Incentive Program (MIPS) will take PQRS' place beginning in 2019
 - Click [here](#) for more information on MIPS*

How does the Medicare Access & CHIP Reauthorization Act of 2015 (MACRA) reform Medicare payment?

MACRA offers three important changes:

1. Ending the [Sustainable Growth Rate](#) (SGR) formula for determining Medicare payments for health care providers' services
2. Making a new framework for rewarding health care providers for giving *better* care not just *more* care
3. Combining our existing quality reporting programs into **one** new system

What is MIPS?

- Merit-Based Incentive Payment System
 - Performance categories:
 - 50 points for quality (PQRS/VBM)
 - 25 points for Meaningful Use
 - 15 points for clinical practice improvement *NEW category!*
 - 10 points for resource use

Starting in CY2017!

Clinical Practice Improvement

- Expanded practice access (e.g., same-day appointments)
- Population management (e.g., monitoring population health)
- Care coordination (e.g., telehealth)
- Beneficiary engagement (e.g., self-management training)
- Patient safety and practice assessment (e.g., use of clinical checklists)
- Participation in APMs

Who is eligible for MIPS?

- **EPs in 2017 and 2018 performance years**

- Physicians, physicians assistants, nurse practitioners, clinical nurse specialists, and nurse anesthetists

- **More EPs added in 2019**

- Physical or occupational therapists, speech-language pathologists, audiologists, nurse midwives, clinical social workers, clinical psychologists, and dietitians or nutrition professionals

- **Who's exempt?**

- Providers not meeting "low volume threshold"
- MSSP ACO providers and other participants in "alternative payment models" (APMs)
- First-year Medicare providers

Physician Compare

The screenshot shows the Medicare.gov Physician Compare search interface. At the top, there is a navigation bar with links for 'Español', 'Print', 'About Us', 'Glossary', 'CMS.gov', 'Medicare.gov', and 'MyMedicare.gov Login'. The main header features the 'Medicare.gov | Physician Compare' logo and the tagline 'The Official U.S. Government Site for Medicare'. Below this is a menu with buttons for 'Physician Compare Home', 'About Physician Compare', 'About the data', 'Resources', and 'Help'. A secondary navigation bar includes 'Physician Compare Home' and a '+ Share' link. The central search area is titled 'Find physicians and other health care professionals' and offers three search methods: 'Find group practices', 'Search another way', and a primary search box. The search box contains a 'Location' field (with a note that an asterisk is required) and a 'What are you searching for?' field. A green 'Search' button and a link to 'Additional search options' are also present. Below the search area, there are two columns: 'Spotlight' featuring a video thumbnail titled 'Getting the Most from Physician Compare' and 'Additional information' listing various resources and links. The Windows taskbar at the bottom shows the system tray with the date and time set to 3:35 PM on 4/1/2016.

https://www.medicare.gov/physiciancompare/search.html?AspxAutoDetectCookieSt... Medicare.gov Physician Co... x

File Edit View Favorites Tools Help

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About Us | Glossary | CMS.gov | Medicare.gov | MyMedicare.gov Login

Medicare.gov | Physician Compare
The Official U.S. Government Site for Medicare

Physician Compare Home About Physician Compare About the data Resources Help

Physician Compare Home + Share

Find physicians and other health care professionals Find group practices Search another way

A field with an asterisk (*) is required.

* Location * What are you searching for? ⓘ

ZIP code/City, State/Address/Landmark Doctor last name or specialty or medical condition Search

Additional search options ▶

Spotlight

Learn more about Physician Compare - watch this video:

Getting the Most from Physician Compare ▶

Additional information

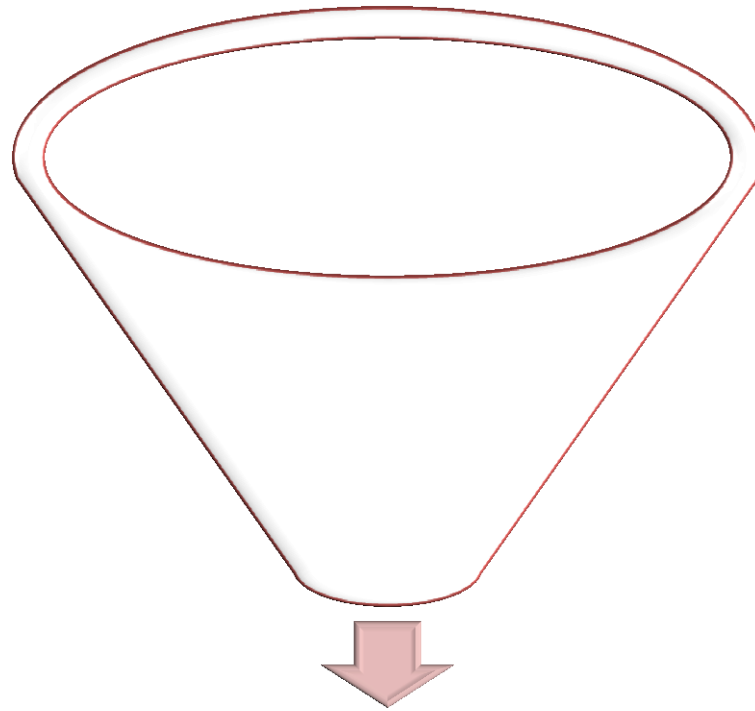
- ◆ Question or comments? E-mail Physician Compare External Link icon
- ◆ Learn more about quality programs on Physician Compare
- ◆ Physicians: How to keep your information current
- ◆ Download the Physician Compare database (Updated: 3/31/2016)
- ◆ Having trouble using the website?
- ◆ Accountable Care Organization (ACO) quality data

More Medicare compare websites:

- ◆ Hospital Compare
- ◆ Nursing Home Compare
- ◆ Home Health Compare

3:35 PM 4/1/2016

Consolidation



MIPS Program

What are advanced payments methods (APMs)?

- **New ways to pay providers for the care they give to Medicare beneficiaries**
 - From 2019-2024, pay some participating health care providers a lump-sum incentive payment
 - Increased transparency of physician-focused payment models
 - Starting in 2026, offers some participating health care providers higher annual payments

What is an eligible APM?

- Eligible APMs are the **most advanced** APMs that meet the following criteria according to the MACRA law:
 1. Base payment on **quality** measures comparable to those in MIPS
 2. Require use of certified **EHR** technology
 3. Either (1) bear more than nominal financial risk for monetary losses **OR** (2) be a medical home model expanded under CMMI authority

How do I become a qualifying APM participant?

Eligible APM

QP

QPs:

Are **not subject** to MIPS

Receive 5% lump sum **bonus payments** for years 2019-2024

Receive a **higher fee schedule update** for 2026 and onward

Financial incentive!

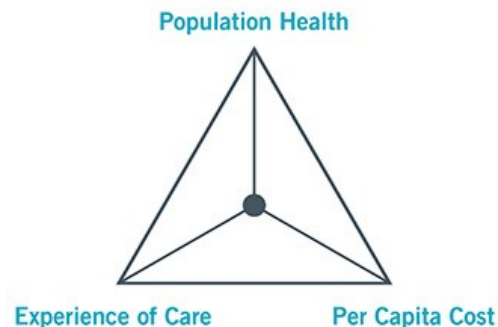
- Participation in Alternative Payment Models (APMs)
 - *additional* 5% bonus payment

Starting with CY2017, Part B providers will fall under MIPS, an APM or, for some, under both MIPS and an APM

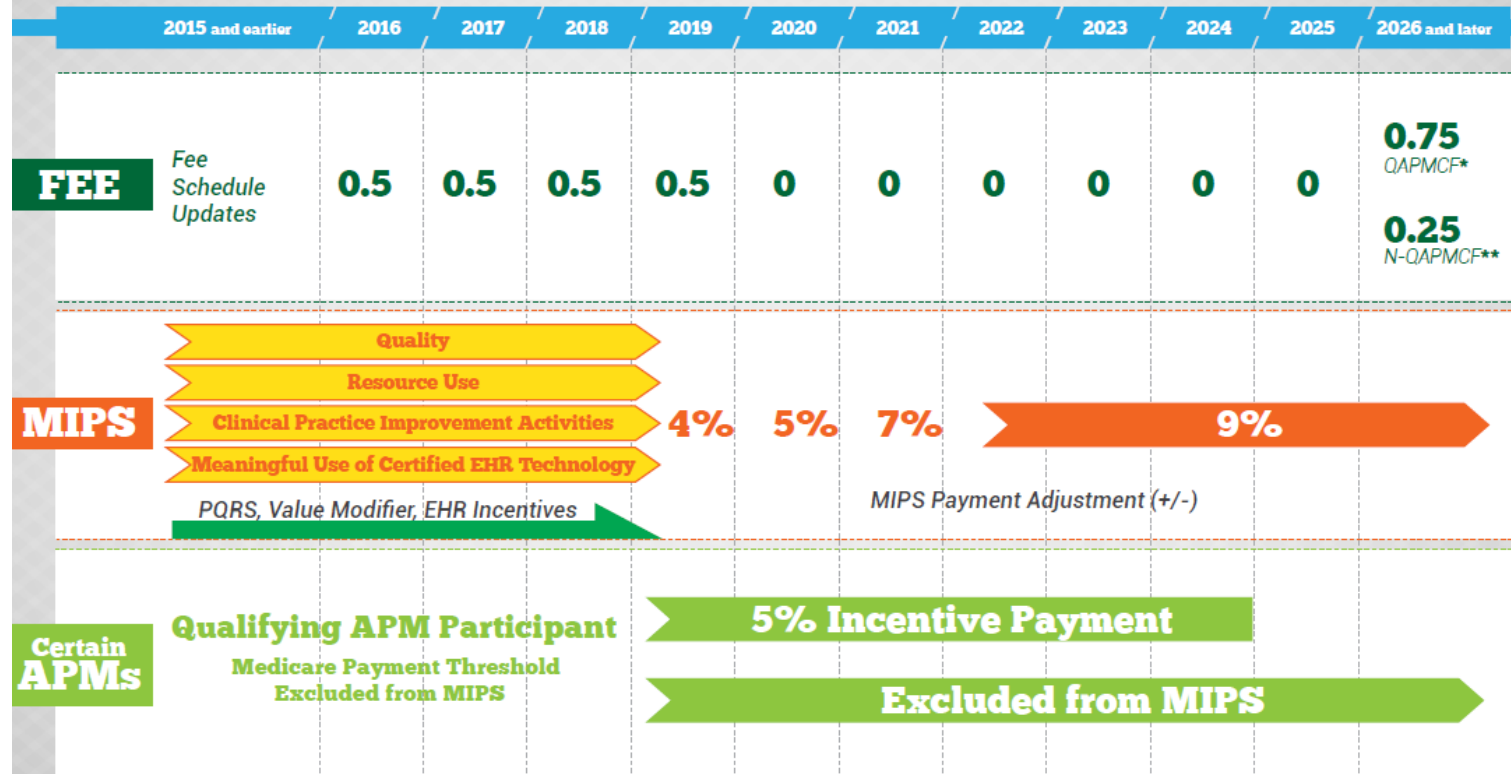
More information on MACRA

- Following the IHI Triple Aim
 - Improving the patient experience of care (including quality and satisfaction);
 - Improving the health of populations; and
 - Reducing the per capita cost of health care.

The IHI Triple Aim



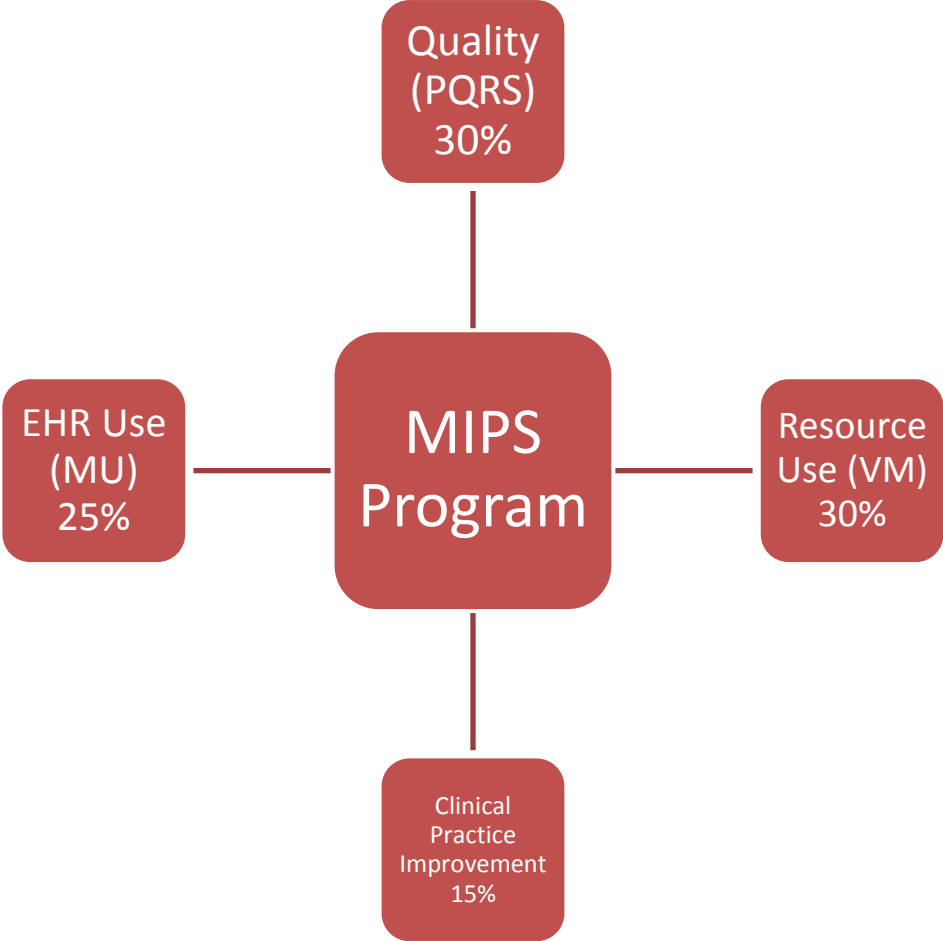
Timeline



*Qualifying APM conversion factor

**Non-qualifying APM conversion factor

MIPS Composite Performance Score



Reimbursement Implications

Year	Penalty Cap	Value-Based Bonus Opportunity (subject to scaling factor)
2019	-4%	Up to +12%
2020	-5%	Up to +15%
2021	-7%	Up to +21%
2022	-9%	Up to +27%



2016 PQRS

Reporting Mechanisms

- Select a reporting mechanism that supports measures that are applicable to the scope of your practice
- Thoroughly review the information provided for each reporting mechanism
 - Qualified registry
 - Qualified Clinical Data Registry
 - Claims-based reporting (individual EPs only)
 - Electronic Reporting via EHR
 - GPRO Web Interface (group practices only)
 - CAHPS for PQRS (group practices only)

National Quality Strategy Domains

Required to submit 9 measures across 3 NQS domains:

- Patient Safety
- Person and Caregiver-Centered Experience and Outcomes
- Communication and Care Coordination
- Effective Clinical Care
- Community/Population Health
- Efficiency and Cost Reduction

Group Practice Reporting Option (GPRO)

- Register for PQRS GPRO between April 1st, 2016 – June 30th, 2016
- Group size determines GPRO options
- Groups can now choose to report via QCDR
- CAHPS for PQRS is **mandatory** for groups of 100+ EP's

Cross-Cutting Measure List

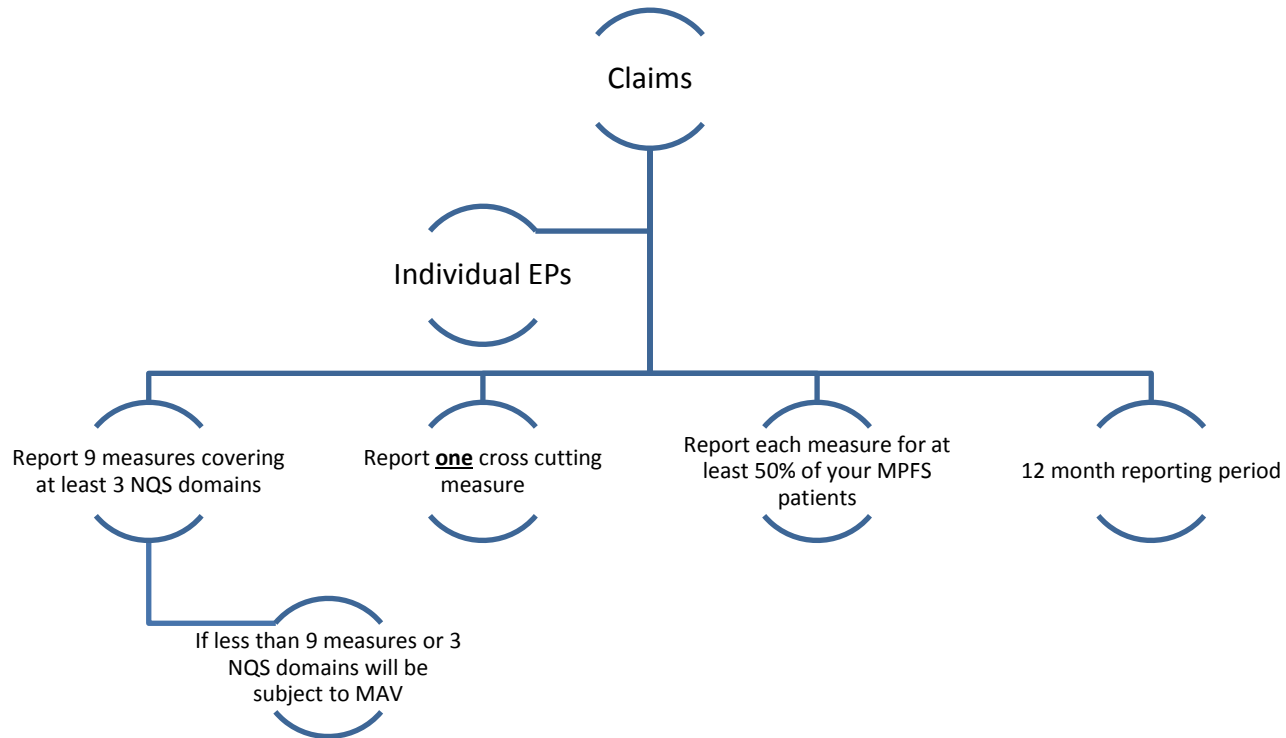
2016 Cross-Cutting Measure Set

PQRS#	NQF#	Reporting Method	National Quality Strategy Domain	Measure Title: Description
1	0059	Claims, Registry, EHR, GPRO Web Interface, Measures Groups	Effective Clinical Care	Diabetes: Hemoglobin A1c Poor Control: Percentage of patients 18-75 years of age with diabetes who had hemoglobin A1c > 9.0% during the measurement period.
46	0097	Claims, Registry	Communication and Care Coordination	Medication Reconciliation Post Discharge: The percentage of discharges from any inpatient facility (e.g. hospital, skilled nursing facility, or rehabilitation facility) for patients 18 years and older of age seen within 30 days following discharge in the office by the physician, prescribing practitioner, registered nurse, or clinical pharmacist providing on-going care for whom the discharge medication list was reconciled with the current medication list in the outpatient medical record. This measure is reported as three rates stratified by age group: <ul style="list-style-type: none"> • Reporting Criteria 1: 18-64 years of age • Reporting Criteria 2: 65 years and older • Total Rate: All patients 18 years of age and older
47	0326	Claims, Registry, Measures Groups	Communication and Care Coordination	Care Plan: Percentage of patients aged 65 years and older who have an advance care plan or surrogate decision maker documented in the medical record or documentation in the medical record that an advance care plan was discussed but the patient did not wish or was not able to name a surrogate decision maker or provide an advance care plan.
110	0041	Claims, Registry, EHR, GPRO Web Interface, Measures Groups	Community/Population Health	Preventive Care and Screening: Influenza Immunization: Percentage of patients aged 6 months and older seen for a visit between October 1 and March 31 who received an influenza immunization OR who reported previous receipt of an influenza immunization.
111	0043	Claims, Registry, EHR, GPRO Web Interface, Measures Groups	Community/Population Health	Pneumonia Vaccination Status for Older Adults: Percentage of patients 65 years of age and older who have ever received a pneumococcal vaccine.

2016 Cross-Cutting Measure Set

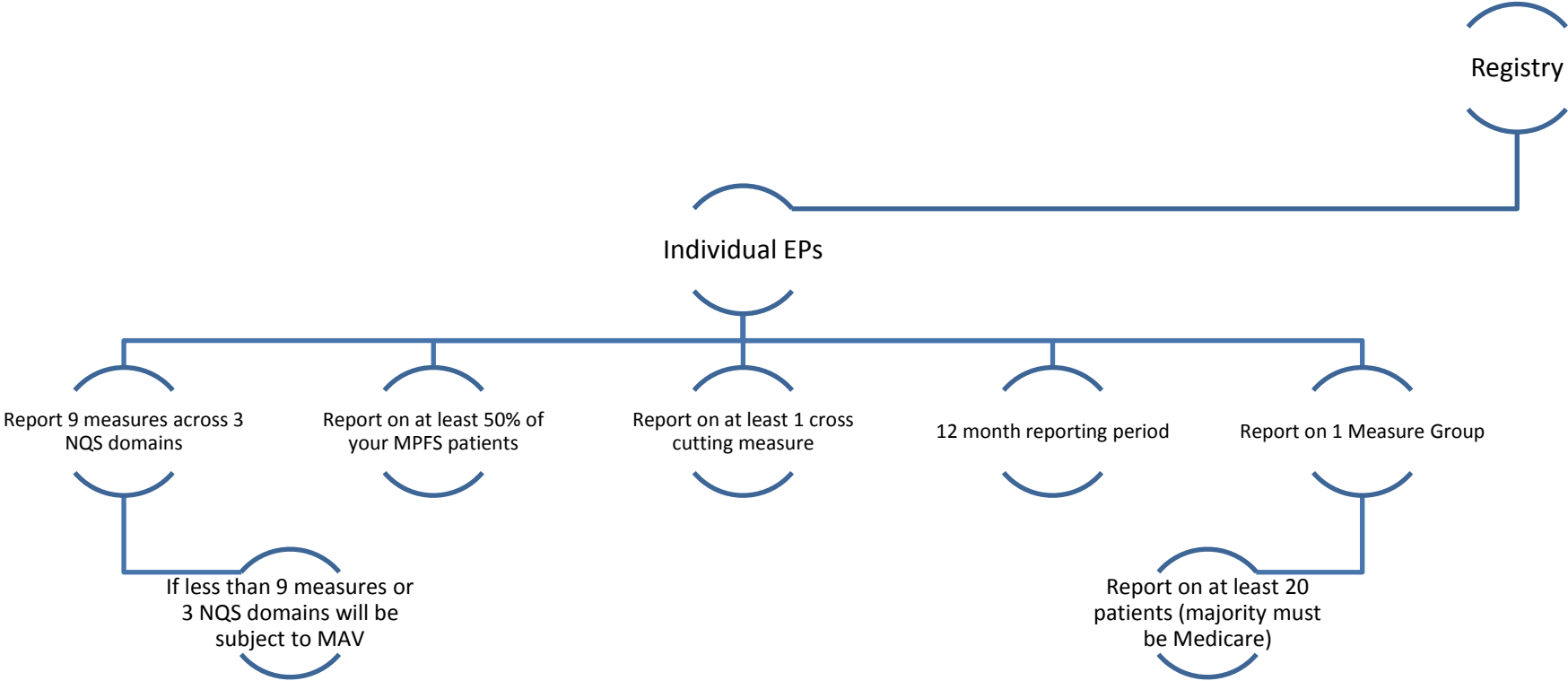
PQRS#	NQF#	Reporting Method	National Quality Strategy Domain	Measure Title: Description
112	2372	Claims, Registry, EHR, GPRO Web Interface, Measures Groups	Effective Clinical Care	Breast Cancer Screening: Percentage of women 50 through 74 years of age who had a mammogram to screen for breast cancer within 27 months
128	0421	Claims, Registry, EHR, GPRO Web Interface, Measures Groups	Community/Population Health	Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up Plan: Percentage of patients aged 18 years and older with a BMI documented during the current encounter or during the previous six months AND with a BMI outside of normal parameters, a follow-up plan is documented during the encounter or during the previous six months of the current encounter Normal Parameters: Age 65 years and older BMI ≥ 23 and < 30 kg/m ² ; Age 18 – 64 years BMI ≥ 18.5 and < 25 kg/m ²
130	0419	Claims, Registry, EHR, GPRO Web Interface, Measures Groups	Patient Safety	Documentation of Current Medications in the Medical Record: Percentage of visits for patients aged 18 years and older for which the eligible professional attests to documenting a list of current medications using all immediate resources available on the date of the encounter. This list must include ALL known prescriptions, over-the-counters, herbals, and vitamin/mineral/dietary (nutritional) supplements AND must contain the medications' name, dosage, frequency and route of administration.
131	0420	Claims, Registry, Measures Groups	Communication and Care Coordination	Pain Assessment and Follow-Up: Percentage of visits for patients aged 18 years and older with documentation of a pain assessment using a standardized tool(s) on each visit AND documentation of a follow-up plan when pain is present.
134	0418	Claims, Registry, EHR, GPRO Web Interface, Measures Groups	Community/Population Health	Preventive Care and Screening: Screening for Clinical Depression and Follow-Up Plan: Percentage of patients aged 12 years and older screened for clinical depression on the date of the encounter using an age appropriate standardized depression screening tool AND if positive, a follow-up plan is documented on the date of the positive screen.
154	0101	Claims, Registry, Measures Groups	Patient Safety	Falls: Risk Assessment: Percentage of patients aged 65 years and older with a history of falls who had a risk assessment for falls completed within 12 months.

Claims Reporting



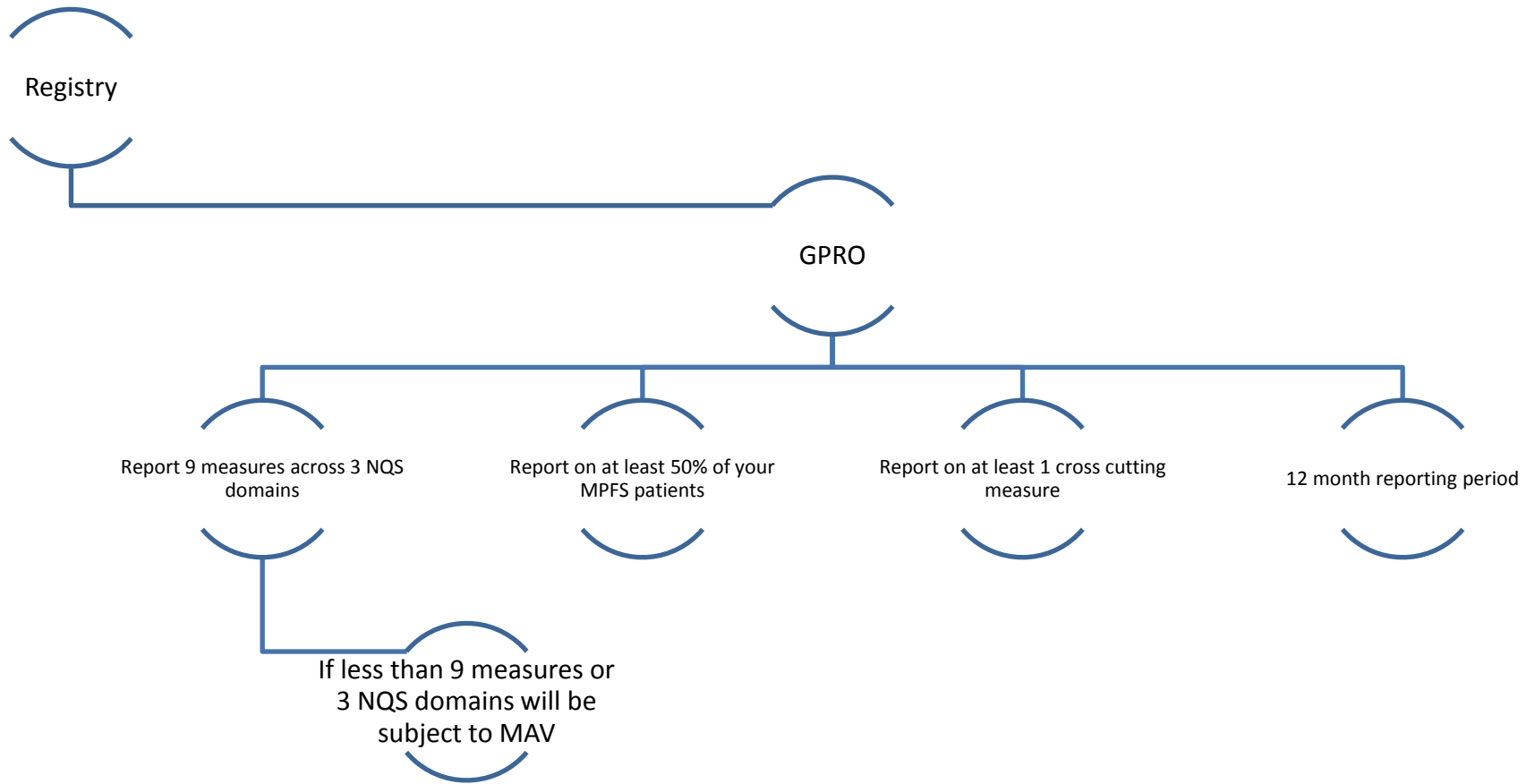
Any measure that has a 0% performance rate would not count toward your total (9 measures across 3 NQS domains)

Qualified Registry



Any measure that has a 0% performance rate would not count toward your total (9 measures across 3 NQS domains)

Qualified Registry Cont.



Any measure that has a 0% performance rate would not count toward your total (9 measures across 3 NQS domains)

Measures Group

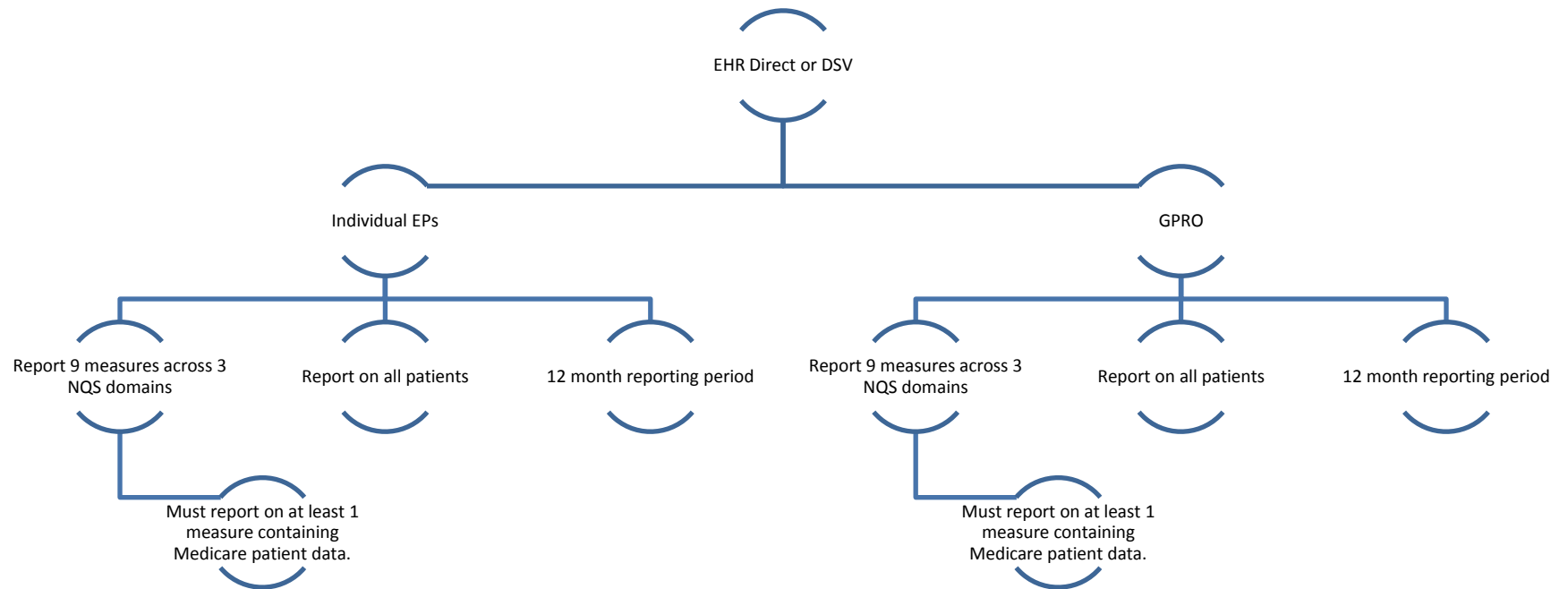
Overview	Preventive Care Measures Group	37
39	Screening for Osteoporosis for Women Aged 65 -85 Years of Age	40
48	Urinary Incontinence: Assessment of Presence or Absence of Urinary Incontinence in Women Aged 65 Years and Older	41
110	Preventive Care and Screening: Influenza Immunization	42
111	Pneumonia Vaccination Status for Older Adults	43
112	Breast Cancer Screening	44
113	Colorectal Cancer Screening	45
128	Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up Plan	46
134	Preventive Care and Screening: Screening for Clinical Depression and Follow-Up Plan	48
226	Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention	50
431	Preventive Care and Screening: Unhealthy Alcohol Use: Screening & Brief Counseling	51

Specialty Measure Sets

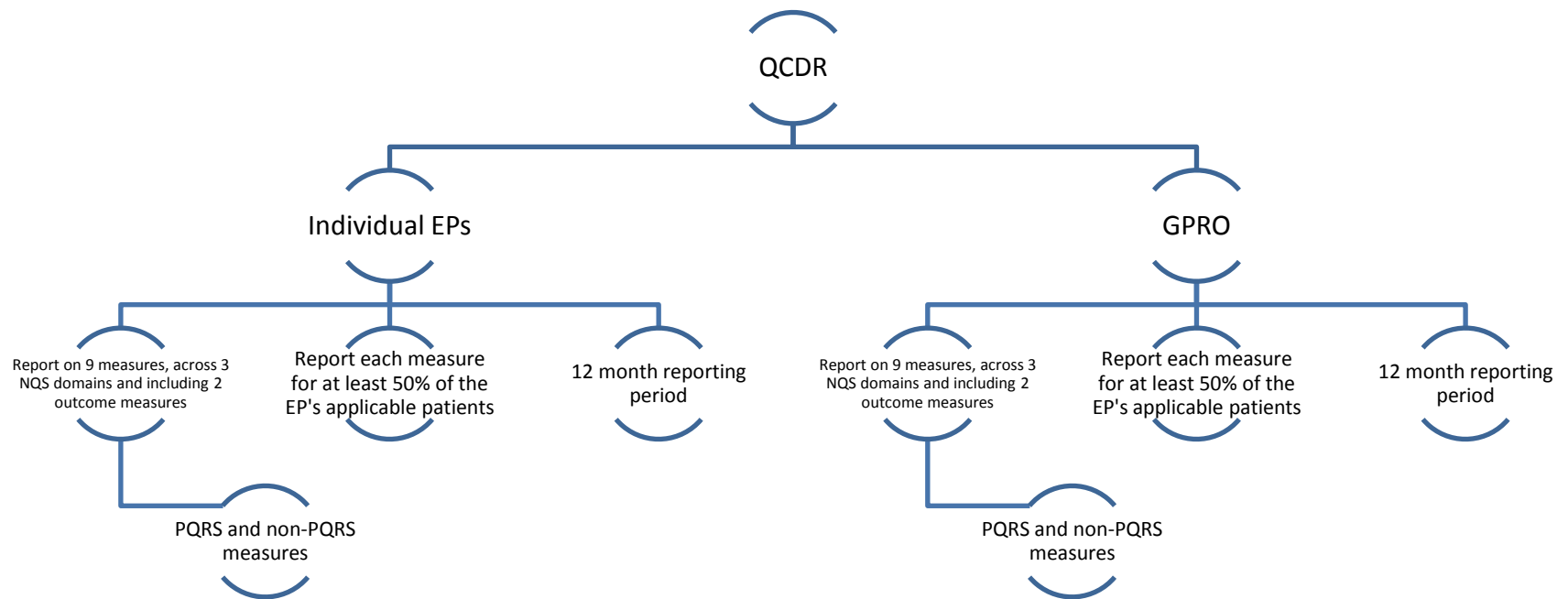
- CMS is adding several specialty measure sets for 2016:
 1. Dermatology
 2. Physical Therapy/Occupational Therapy
 3. Mental health
 4. Hospitalist
 5. Urology

[More information on 2015 and 2016 Specialty Measure Sets](#)

EHR – Direct or Data Submission Vendor



Qualified Clinical Data Registry



GPRO Web Interface

- A group practice must have 25 or more EPs in order to participate via the PQRS GPRO Web Interface.
- GPRO Web Interface is a secure internet-based application
- Must report on all 18 GPRO Web Interface measures
- Populate the data field for the first 248 beneficiaries for each module or preventative care measure (if less than 248 eligible assigned beneficiaries, then report 100% of the assigned beneficiaries)

GPRO Web Interface Measures

2016 Group Practice Reporting Option (GPRO) Web Interface Measures List

GPRO Measure Number	Measure Title	*Alternative Measure Numbers (PQRS, ACO, NQF, CMS)	Measure Developer
Care Coordination/Patient Safety (CARE) Measures (2 Measures – Individually Sampled)			
CARE-2	Falls: Screening for Future Fall Risk	GPRO Only #318 ACO 13 NQF 0101 CMS139v4	* AMA-PCPI/NCQA
CARE-3	Documentation of Current Medications in the Medical Record	Claims/Registry #130 ACO 39 NQF 0419 CMS68v5	♣ CMS
Coronary Artery Disease (CAD) Disease Module (1 Measure)			
CAD-7	Coronary Artery Disease (CAD): Angiotensin-Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker (ARB) Therapy - Diabetes or Left Ventricular Systolic Dysfunction (LVEF < 40%)	Registry Only #118 ACO 33 NQF 0066	♣ AMA-PCPI/ACCF/AHA
Diabetes Composite (2 Components of 1 Composite Measure) Composite: (All or Nothing Scoring)			CMS-created Composite
DM-2	Composite (All or Nothing Scoring): Diabetes: Hemoglobin A1c Poor Control	Claims/Registry #1 ACO 27 NQF 0059 CMS122v4	♣ NCQA
DM-7	Composite (All or Nothing Scoring): Diabetes: Eye Exam	Claims/Registry #117 ACO 41 NQF 0055 CMS131v4	♣ NCQA

CAHPS for PQRS

- Required for practices with 100 + EPs
- Practices with 2-99 EPs may choose CAHPS as an extra and companion reporting mechanism for using an EHR, QCDR, or qualified registry
- Reporting CAHPS will reduce the number of measures to report from 9 to 6 for each reporting mechanism

Helpful Links

- [2016 PQRS Measures List](#)
- [2016 PQRS Cross-Cutting Measures List](#)
- 2016 PQRS Face-to-Face Encounter Codes
- 2016 PQRS Individual Measure Specifications for Claims and Registry Reporting [web-based tool](#)

Next time...

Part 2: Quality Reporting and QRUR Tool Introduction

~ May 25th, 2016

- Address financial impacts of MIPS in absolute dollars
- Discuss MACRA provisions to address small practices in rural or underserved geographic areas
- Identify what you should do **now** to prepare for MIPS program (continued)
- MIPS Rulemaking Timeline
- EHR Incentive Program
- QRUR Tool Preview

Q&A

- *If you have a question, please unmute your line with #6*
 - *6 is used to mute your line*

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