2014 Physician Quality Reporting System (PQRS)
Qualified Registry

Qualified Registry Measures Overview

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Agenda

- Measures Overview
- Individual Measures Overview
- Measures Groups Overview
- Other Measure Information
- Help Resources

Purpose

- This presentation provides information about the Physician Quality Reporting System (PQRS) Qualified Registry measures for the 2014 program year.

Disclaimer: If reporting for PQRS through another CMS program (such as the Medicare Shared Savings Program [MSSP], Comprehensive Primary Care Initiative [CPC], Pioneer Accountable Care Organizations [ACOs]), please check the program's requirements for information on how to report quality data to earn a PQRS incentive and/or avoid the PQRS payment adjustment. Please note, although CMS has attempted to align or adopt similar reporting requirements across programs, eligible professionals should look to the respective quality program to ensure they satisfy the PQRS and Value-Based Payment Modifier (VM), etc. requirements of each of these programs.

Measure Overview

Measures Requirements

- Qualified Registries must support at least 9 measures across 3 of the 6 National Quality Strategy Domains
  - Effective Clinical Care
  - Patient Safety
  - Communication and Care Coordination
  - Person and Caregiver-Centered Experience and Outcomes
  - Efficiency and Cost Reduction
  - Community/Population Health
- Qualified Registries may support 2 types of measures
  - Individual Measures
    - Individual Eligible Professionals (EPs)
    - Group Practice Reporting Option (GPRO) Group Practices
  - Measures Groups
    - Individual EPs

Measures Types

- **Outcome Measure:** A measure that assesses the results of health care that are experienced by patients (i.e., patients' clinical events; patients' recovery and health status (end result of care of procedure); patients' experiences in the health system; and efficiency/cost).
- **Process Measure:** A measure that focuses on a process which leads to a certain outcome, meaning that a scientific basis exists for believing that the process, when executed well, will increase the probability of achieving a desired outcome.

Measures Definitions

- **Numerator Data:** The upper portion of a fraction used to calculate a rate, proportion, or ratio. The numerator must detail the quality clinical action expected that satisfies the condition(s) and is the focus of the measurement for each patient, procedure, or other unit of measurement established by the denominator (that is, patients who received a particular service or providers that completed a specific outcome/process).
- **Denominator Data**: The lower portion of a fraction used to calculate a rate, proportion, or ratio. The denominator must describe the population eligible (or episodes of care) to be evaluated by the measure. This should indicate age, condition, setting, and timeframe (when applicable). For example, "Patients aged 18 through 75 years with a diagnosis of diabetes."

Measures Definitions

- **Denominator Exceptions:** Conditions that should remove a patient, procedure or unit of measurement from the denominator of the performance rate only if the numerator criteria are not met. Denominator exceptions allow for adjustment of the calculated score for those providers with higher risk populations. Denominator exceptions allow for the exercise of clinical judgment and should be specifically defined where capturing the information in a structured manner fits the clinical workflow. Generic denominator exception reasons used in measures fall into three general categories: medical, patient, or system reasons.
- **Denominator Exclusions:** Patients with conditions who should be removed from the measure population and denominator before determining if numerator criteria are met. (For example, patients with bilateral lower extremity amputations would be listed as a denominator exclusion for a measure requiring foot exams.)

Individual Measures Overview

Individual Measures Reporting Options

- Criteria to Earn the 2014 PQRS Incentive Payment
  - Individual EP
    - Report at least 9 individual measures covering at least 3 National Quality Strategy (NQS) domains for 50 percent or more of applicable Medicare Part B FFS patients (12 months); **OR**
      - Measures with a 0 percent performance rate will not be counted.
    - Report less than 9 measures and/or less than 3 NQS domains for 50% or more Medicare Part B FFS patients and successfully pass the Measure Applicability Validation (MAV) process.
      - Measures with a 0 percent performance rate will not be counted.

Individual Measures Reporting Options

- Group Practice Reporting Option (GPRO) Group Practices
  - Report at least 9 individual PQRS registry measures across 3 NQS domains for 50% or more of applicable Medicare Part B FFS patients for each GPRO (12 months); **OR**
    - Measures with a 0 percent performance rate will not be counted
  - Report all CAHPS for PQRS summary survey modules (12) AND

    Report at least 6 measures across 2 NQS domains for 50% or more of applicable Medicare Part B FFS patients for each GPRO (12 months); **OR**
    - Measures with a 0 percent performance rate will not be counted
  - Report less than 9 measures and/or less than 3 NQS domains for 50% or more Medicare Part B FFS patients and successfully pass the Measure Applicability Validation (MAV) process.
    - Measures with a 0 percent performance rate will not be counted

Notes: GPROs must use the individual measures from the 2014 Individual Claim/Registry Measure Specifications . The GPRO "Web Interface" measures are only for GPROs reporting via Web Interface.

GPRO group practices wanting to submit their PQRS data via a qualified registry must elect to do so at the time of GPRO self-nomination/registration.

Individual Measures Reporting Options

- Criteria to Avoid the 2016 PQRS Payment Adjustment:
  - Individual EPs
    - Meet requirements for satisfactory reporting in the 2014 PQRS; **OR**
    - Report 3 or more individual measures across at least 1 NQS domain via qualified registry for 50% or more of applicable Medicare Part B FFS patients; **OR**
    - Report 1-2 individual measures across at least 1 NQS domain via qualified registry for 50% or more of applicable Medicare Part B FFS patients and successfully pass the MAV process

Individual Measures Reporting Options

- GPRO Group Practices
  - Meet requirements for satisfactorily reporting in the 2014 PQRS; **OR**
  - Report at least 3 individual measure across 1 NQS domain as a group via qualified registry for 50% or more of the applicable Medicare Part B FFS patients; **OR**
  - Report 1-2 individual measures via qualified registry as a group for 50% or more of the group practice's applicable Medicare Part B FFS patients and successfully pass the MAV process

Measure Specification Format

- Registry Individual Measure Specification Format
  - Measure Title
  - Measure Description
  - Instructions (reporting frequency/time frames)
  - Denominator Coding (describes eligible cases)
  - Numerator Coding (describes clinical action)
  - Definition of Terms
  - Coding Instructions
  - CPT Category II Modifiers (1P, 2P, 3P, 8P)
  - Optional: Not required for registry submission
  - Rationale Statement
  - Clinical Recommendation

Individual Measures Resources

- The 2014 PQRS Individual Measures Specification Manual with accompanying Release Notes can be found on the Measures Codes webpage of the CMS PQRS website:
  - http://www.cms.gov/apps/ama/license.asp?file=/PQRS/downloads/2014_PQRS_IndClaimsRegistry_MeasureSpecs_SupportingDocs_12132013.zip

Measures Groups Overview

Measures Groups Reporting Options

- Earning the 2014 PQRS Incentive Payment:
  - Individual EPs
    - Report at least one registry measures group for 20 patients, the majority of 11 must be Medicare Part B FFS patients (12 months)

Note: Measures Groups are not available for GPRO group practices reporting through a 2014 Qualified Registry

Measure Specification Format

- Heart Failure (HF) Measures Group
  - #5. Heart Failure (HF): Angiotensin-Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker (ARB) Therapy for Left Ventricular Systolic Dysfunction (LVSD)
  - #8. Heart Failure (HF): Beta-Blocker Therapy for Left Ventricular Systolic Dysfunction (LVSD)
  - #198. Heart Failure: Left Ventricular Ejection Fraction (LVEF) Assessment
  - #226. Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention

Measure Specification Format

- Heart Failure (HF) Measures Group (cont.)
  - **Common Denominator:**
    - Patients aged 18 years and older
    - ICD-9-CM: 402.01, 402.11, 402.91, 404.01, 404.03, 404.11, 404.13, 404.91, 404.93, 428.0, 428.1, 428.20, 428.21, 428.22, 428.23, 428.30, 428.31, 428.32, 428.33, 428.40, 428.41, 428.42, 428.43, 428.9
      - ICD-10-CM [Reference ONLY/Not Reportable]: I11.0, I13.0, I13.2, I50.1, I50.20, I50.21, I50.22, I50.23, I50.30, I50.31, I50.32, I50.33, I50.40, I50.41, I50.42, I50.43, I50.9
    - Accompanied by one of the following patient encounter codes: 99201, 99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215, 99304, 99305, 99306, 99307, 99308, 99309, 99310, 99324, 99325, 99326, 99327, 99328, 99334, 99335, 99336, 99337, 99341, 99342, 99343, 99344, 99345, 99347, 99348, 99349, 99350
  - **Numerator (quality action):**
    - Report quality action for all measures within the HF Measures Group– refer to the measure specifications contained in the 2014 Physician Quality Reporting Measures Groups Specifications Manual

Measure Specification Format

- **Preventive Care Measures Group**
  - #39. Screening or Therapy for Osteoporosis for Women Aged 65 Years and Older
  - #48. Urinary Incontinence: Assessment of Presence or Absence of Urinary Incontinence in Women Aged 65 Years and Older
  - #110. Preventive Care and Screening: Influenza Immunization
  - #111. Pneumonia Vaccination for Older Adults
  - #112. Breast Cancer Screening
  - #113. Colorectal Cancer Screening
  - #128. Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up
  - #173. Preventive Care and Screening: Unhealthy Alcohol Use – Screening
  - #226. Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention

Measure Specification Format

Common Denominator:

- Patients aged 50 years and older

Preventive Measures Group Demographic Criteria		
Age	Measures for Male Patients	Measures for Female Patients
< 50 years	Patient does not qualify for measures group analysis	Patient does not qualify for measures group analysis
50-64 years	110, 113, 128, 173, 226	110, 112, 113, 128, 173, 226
65-69 years	110, 111, 113, 128, 173, 226	39, 48, 110, 111, 112, 113, 128, 173, 226
70-75 years	110, 111, 113, 128, 173, 226	39, 48, 110, 111, 113, 128, 173, 226
≥ 76 years	110, 111, 128, 173, 226	39, 48, 110, 111, 128, 173, 226

- Accompanied by one of the following patient encounter codes: 99201, 99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215

Numerator (quality action):

- Report quality action for <u>all applicable</u> measures – refer to the measure specifications contained in the 2014 Physician Quality Reporting Measures Groups Specifications Manual

Eligible Population

- Registries must use the Patient Sample Criteria (*common denominator population*) as listed in the Measures Groups Specifications when identifying the Eligible Population for a Measures Group.
- All measure within a group must be reported for each patient within the sample that meets the criteria when the common denominator is the same for each of the measures within measures group.
- All applicable measures within a group must be reported for each patient within the sample that meets the criteria (e.g., age or gender) required in accordance with the Measures Groups Specifications.

Cataract Measures Group

- Cataract measures group
  - Common denominator is based on cataract procedure
  - Excludes clinicians indicating modifier 55 (Postoperative Management Only) - OR - modifier 56 (Preoperative Management Only)
  - Measures may be non-applicable for the following:
    - Measures #191 and #192 are non-applicable if co-morbid conditions exist as listed in the measures contained in the Cataracts Measures Group
    - Measures #303 and #304 are non-applicable in the instance modifiers 55 -OR- 56 are documented
    - Measures #191, #303, and #304 are to only include procedures performed through September 30 of the reporting year
  - #303 and #304 - Registries or a third party can collect the surveys on the eligible professional's behalf
    - Eligible professionals may request the registry or third party to distribute surveys as outlined in the measure specifications

Measures Groups Resources

- The 2014 Physician Quality Reporting Measures Groups Specification Manual with accompanying Release Notes and 2014 Getting Started with Measures Groups documents can be found on the Measures Codes webpage of the CMS PQRS website:
  - http://www.cms.gov/apps/ama/license.asp?file=/PQRS/downloads/2014_PQRS_MeasuresGroupSpecs_ReleaseNotes_SupportingDocs_12132013.zip

Other Measure Information

0% Performance Rate

- Measures with a 0% performance rate will not count towards earning incentive
- This includes measures calculated with:
  - All “Performance Not Met”

  OR
  - Combination of “Performance Not Met” and “Performance Exclusions”
- Historically in PY 2011, over 1,500 EPs lost incentive eligibility (among 89 registries) due to the 0% performance rate rule
  - Any measure with a 0% performance rate disqualifies the measure
  - Any measure within a measures group with a 0% performance will fail the entire measures group
- Exceptions
  - Inverse measures (where lower performance rate is better) will not count when performance rate is 100%
  - Measures with all exclusions or measures with a MG that are not applicable will have a performance rate of null (0/0) and count towards reporting

Multiple Performance Rates

- Beginning in 2014, multiple performance rates are to be calculated for several PQRS measures
  - Measure Owners determined the measure requires a delineation of the eligible populations and/or numerator in regards to performance
- The measure specification outlines the multiple performance rates required

Paired Measures

- “Paired” measures point an eligible professional to another measure that is clinically similar in practice and denominator for ease of reporting measures applicable to their practice of medicine.
- No requirement exists to report both paired measures.
- Any “paired” measures reported would count as two individual measures.

Help Resources

Help Resources

- Quality Net Helpdesk
  - Monday–Friday 7:00 AM–7:00 PM CT
    - 1-866-288-8912
    - qnetsupport@hcqis.org
- VM Help Desk
  - 888-734-6433
  - pvhelpdesk@cms.hhs.gov