



# 2014 Physician Quality Reporting System (PQRS) Support Call



**CMS-Certified Survey  
Vendor  
Webinar**

*Program Year 2014*

# Disclaimer

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This presentation was prepared as a service to the public and is not intended to grant rights or impose obligations. This presentation may contain references or links to statutes, regulations, or other policy materials. The information provided is only intended to be a general summary. It is not intended to take the place of either the written law or regulations. We encourage readers to review the specific statutes, regulations, and other interpretive materials for a full and accurate statement of their contents.

# Purpose

- This presentation provides information about the Physician Quality Reporting System (PQRS) Group Practice Reporting Option (GPRO) participation options for the 2014 program year.

*Disclaimer: If reporting for PQRS through another CMS program (such as the Medicare Shared Savings Program, Comprehensive Primary Care Initiative [CPC], or Pioneer ACO Model), 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, EHR Incentive Program, Value-Based Payment Modifier (VM), etc. requirements of each of these programs.*

# Announcements

## 1. Upcoming planned system outages:

The Portal will be unavailable for scheduled maintenance; therefore, the Web Interface will not be accessible during the following periods:

- **Every Tuesday** starting at 8:00 pm ET through Wednesday at 6:00 am ET
- **Every Thursday** starting at 8:00 pm ET through Friday at 6:00 am ET
- **Third weekend of each Month** starting Friday at 8:00 PM ET through Monday at 6:00 AM ET
- See the Physician Quality Reporting Portal (Portal) for the complete list of planned system outages

# Announcements (cont.)

## 2. Upcoming PQRS Group Practice Support Calls:

Date	Topic
11/10/2014	Electronic Health Record (EHR)-based Reporting Overview
11/20/2014	<b>(PQRS Group Practice Only)</b> GPRO Web Interface Measures Overview
1/13/2015	2014 EHR-based Reporting—Q&A Session
1/14/2015	2014 Qualified Registry Reporting—Q&A Session

*Note: PQRS group practices reporting via GPRO Web Interface have a separate support call series that is outlined on the GPRO Web Interface page of the CMS PQRS website.*

# Agenda

- CAHPS for PQRS Overview
  - Who Participates in CAHPS for PQRS
  - About the Survey
  - How Data is Collected
- Scoring and Reporting the Survey
- Roles and Responsibilities for PY 2014
  - What to Expect for PY 2015
- Resources

**Presenter: Julie Brown, CMS Contractor**

# **CAHPS FOR PQRS OVERVIEW**

# CAHPS for PQRS

- PQRS uses incentive payments and payment adjustments to promote the reporting of quality information by eligible professionals (EPs)
- CAHPS for PQRS is the collection and reporting of quality data in the form of a patient experience of care survey
  - Includes survey templates, detailed specifications for data collection, sample design, a secure data warehouse, adjusting and scoring the survey data, reporting the data to practices and publicly reporting the data on Physician Compare

# Who Participates in CAHPS for PQRS

- For performance year 2014, CMS will conduct the survey\* on behalf of:
  - All group practices with 100 or more EPs that report via the GPRO Web Interface
  - All group practices with 100 or more EPs that report via a qualified registry or EHR and elected to participate in CAHPS for PQRS
  - All group practices with 25-99 EPs that report via EHR, registry, or GPRO Web Interface and elected to participate in CAHPS for PQRS
- Practices registered for PQRS via the Physician Value-Physician Quality Reporting System (PV-PQRS) Registration System during **April 1 – October 3, 2014**

*\*Only for those group practices that CMS determines will have a sufficient sample size to produce valid and reliable CAHPS results*

# About the Survey

- The survey consists of the core CAHPS Clinician & Group Survey developed by AHRQ, plus additional survey questions to meet CMS' information and program needs
  - In total, the survey contains 81 questions and can be found on the CMS-Certified Survey Vendor web page
- The survey questions are rolled up into 12 content domains called Summary Survey Measures (SSMs)
  - SSMs contain one or more survey questions

# CAHPS for PQRS

Summary Survey Measure	Example Question (abbreviated)
1. Getting Timely Care, Appointments and Information	When you phoned this provider's, how often did you get an answer to your medical question that same day?
2. How Well Your Providers Communicate	Did this provider explain things in a way that was easy to understand?
3. Patient's Rating of Provider	<i>How would you rate your provider?</i>
4. Access to Specialists	Was it easy to get appointments with specialists?
5. Health Promotion and Education	Did your health care team talk about the exercise that you get?
6. Shared Decision-Making	When this provider talked about starting or stopping prescription medicine, did they ask what you thought was best for you?
7. Stewardship of Patient Resources	Did you and anyone on your health care team talk about how much your prescription medicines cost?
8. Health Status and Functional Status	In general, how would you rate your overall health?
9. Courteous and Helpful Office Staff	how often did clerks and receptionists at this provider's office treat you with courtesy and respect?
10. Care Coordination	When you visited this provider in the last 6 months, how often did he or she have your medical records?
11. Between Visit Communication	Did this provider's office remind you to make an appointment for tests?
12. Helping You to Take Medications as Directed	Was this provider's written information easy to understand?

# How Data Is Collected

- CMS draws a sample of Original Medicare beneficiaries assigned to the practice
  - For practices with 100 or more EPs, the desired sample is 860, the minimum sample is 416
  - For practices with 25 to 99 EPs, the desired sample is 860, the minimum sample is 255
  - 25% of the sample represents beneficiaries with high utilization within practice

# How Data Is Collected, cont.

- A CMS approved vendor collects the data using the sample provided by CMS
- CMS will collect all data for PY 2014
- Mixed mode data collection protocol
  - Pre-notification letter
  - Mail survey
  - Outbound telephone interviews

*For PY 2014 data collection will occur January – April 2015*

**Presenter: Julie Brown, CMS Contractor**

# **SCORING AND REPORTING THE SURVEY**

# Scoring the Survey

- Scores are adjusted to promote a fair comparison between practices and to represent the general population
  - Scores are weighted to account for the oversample of high users of care
  - Scores are adjusted to account for differences in the mix of patients assigned to each practice

# How Scores Are Adjusted

- Case-mix adjustment is based on the following patient characteristics:
  - Age
  - Education
  - Medicaid dual eligibility
  - Low income subsidy eligibility
  - Survey completion in an Asian language
  - Self-reported health\*
  - Self-reported mental health\*
  - Proxy assistance\*

*\*Not used for adjustment in all questions*

# How Scores Are Calculated

- After adjusting the data, survey questions are scaled on a 0-100 metric and are then combined with the 12 content domains (SSMs) for the purpose of reporting
- Scores will be compared to a practice's prior year's performance on CAHPS for PQRS
  - Practices participating in both PY 2013 and PY 2014 CAHPS for PQRS will receive benchmarks

# How Scores Are Reported

- Your practice will receive a customized report of your scores
  - Summary survey measures
  - Item frequencies
- Data will be reported on Physician Compare
  - 2014 data are targeted for publication in late 2015, if technically feasible
  - Group practices of 25-99 EPs reporting via a CMS-approved certified survey vendor
  - Group practices of 100 or more EPs and ACOs reporting via the Web Interface or other CMS-approved tool or interface

**Presenter: Julie Brown, CMS Contractor**

# **ROLES AND RESPONSIBILITIES**

# Roles and Responsibilities for PY 2014

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- CMS will draw your practice's sample
- CMS will conduct the survey on your behalf
- CMS will adjust and score your data
- Your practice will receive your PY 2014 scores in 2015

# What to Expect for PY 2015

- CMS will implement a program to train and approve vendors to implement CAHPS for PQRS
- Practices participating in CAHPS for PQRS in PY 2015 will contract with and pay a vendor
- CMS will update the CMS certified vendor web page with detailed information and instructions in 2015

**Presenter: Tom Campbell, CMS Contractor**

# **RESOURCES**

# Acronyms

- ACO – Accountable Care Organization
- AHRQ – Agency for Healthcare Research & Quality
- CAHPS – Consumer Assessment of Healthcare Providers and Systems summary surveys
- CMS – Centers for Medicare & Medicaid Services
- CQMs – Clinical Quality Measures [for attestation]
- eCQMs – Electronic Clinical Quality Measures [for PQRS Portal submission]
- EHR – Electronic Health Record
- EP – Eligible Professional
- FFS – Fee-for-Service
- GPRO – Group Practice Reporting Option
- NPI – National Provider Identifier
- ONC – Office of the National Coordinator
- PQRS – Physician Quality Reporting System
- PFS – Physician Fee Schedule
- VM – Value-based Payment Modifier

# Resources

- **PQRS GPRO website:** [http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/Group\\_Practice\\_Reporting\\_Option.html](http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/Group_Practice_Reporting_Option.html)
- **PQRS CMS-Certified Survey Vendor website:** <http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/CMS-Certified-Survey-Vendor.html>
- **CMS Frequently Asked Questions (FAQs):** <https://questions.cms.gov/>

# Where to Go for Help

- **QualityNet Help Desk (PQRS and IACS)**
  - E-mail: [gnetssupport@hcqis.org](mailto:gnetssupport@hcqis.org)
  - Phone: (866) 288-8912 (TTY 1-877-715-6222)
  - Fax: (888) 329-7377
- **CAHPS for PQRS Survey Project Team**
  - E-mail: [pqrscahps@hcqis.org](mailto:pqrscahps@hcqis.org)
- **EHR Incentive Program Information Center**
  - Phone: (888) 734-6433 (TTY 888-734-6563)
- **VM Help Desk**
  - Phone: (888) 734-6433 Option 3 or [pvhelpdesk@cms.hhs.gov](mailto:pvhelpdesk@cms.hhs.gov)
- **Medicare Shared Savings Program ACO**
  - Information is available on the Shared Savings Program website at <http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/sharedsavingsprogram/index.html>.
- **PIONEER ACO**
  - Email: [PIONEERQUESTIONS@cms.hhs.gov](mailto:PIONEERQUESTIONS@cms.hhs.gov)