



Physician Feedback Program: 2011 Group Physician Quality Resource and Use Reports (QRURs)

Number

Purpose of this Presentation

- To provide an overview of the improvements in the 2011 group QRURs.
- To explain how information in the QRUR relates to the Value Based Payment Modifier (VM).
- To highlight future directions for the QRURs.
- To solicit input to improve the content and the display of information in the QRURs.
- To answer questions about the QRURs and the VM.

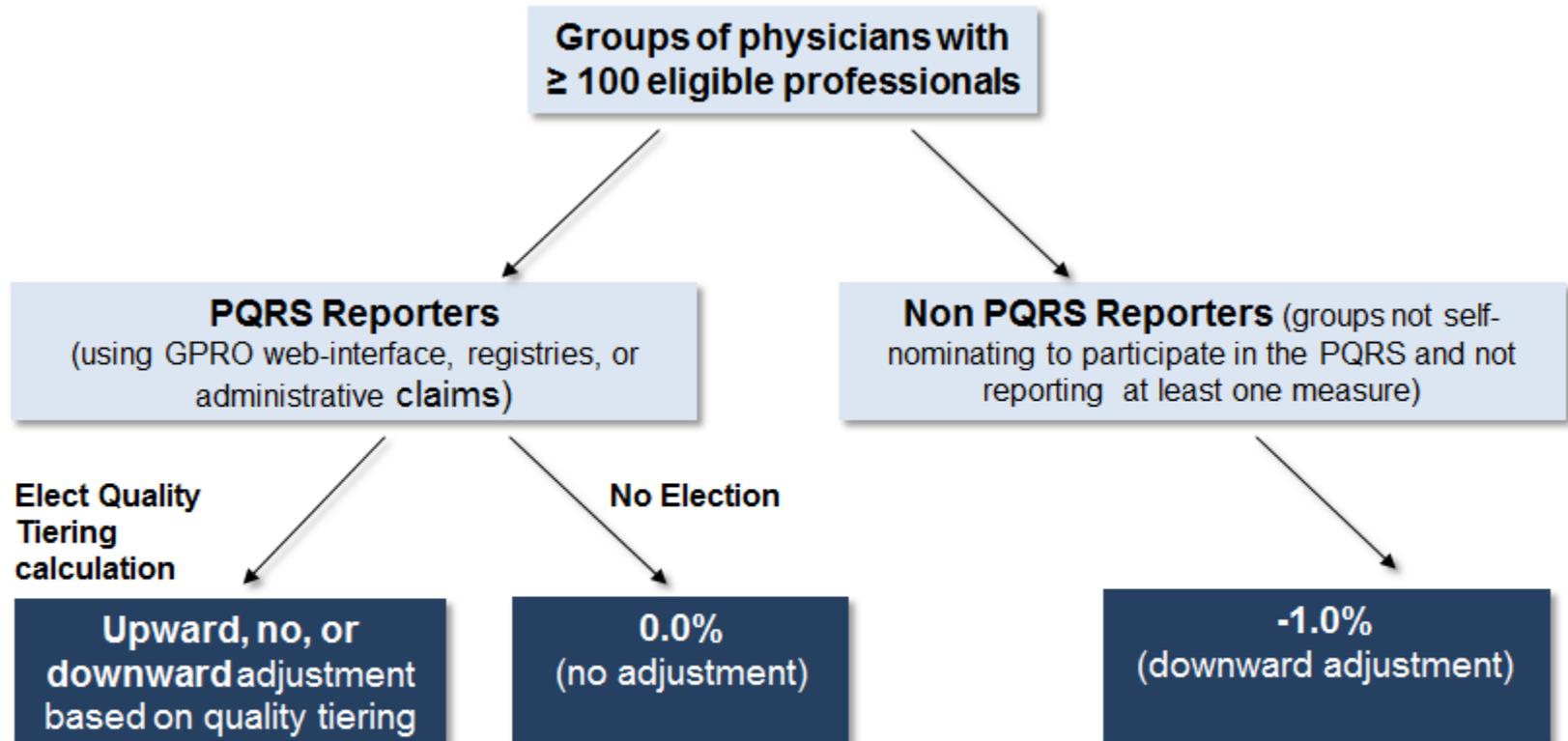


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Improvements to the 2011 QRURs

- Additional information on the group's relationship with attributed beneficiaries – Exhibit 2
- National PQRS quality measure benchmarks – Exhibit 5
- Hospital readmission and care after hospital discharge measures – Exhibit 7
- Expanded listing of hospitals admitting attributed beneficiaries – Exhibit 8
- New payment standardization algorithm for cost measures – Exhibits 9-13, 15, 16
- Additional information on emergency services cost components – Exhibit 12
- Identified hospital admissions from the emergency department – Exhibit 14

Overview of How CMS Will Calculate the Value Modifier



Reporting is a necessary first step towards improving quality.

What Quality Measures will be Used for Quality Tiering?

- Measures reported through the PQRS reporting mechanism selected by the group
- Three outcome measures:
 - All Cause Readmission
 - Composite of Acute Prevention Quality Indicators (bacterial pneumonia, urinary tract infection, dehydration)
 - Composite of Chronic Prevention Quality Indicators (COPD, heart failure, diabetes)



What Cost Measures will be used for Quality-Tiering?

- Total per capita costs measures (Parts A & B)
- Total per capita costs for beneficiaries with four chronic conditions:
 - Chronic Obstructive Pulmonary Disease (COPD)
 - Heart Failure
 - Coronary Artery Disease
 - Diabetes
- All cost measures are payment standardized and risk adjusted



How are Value Based Payment Modifiers Calculated Using the Quality-Tiering Approach?

Each group receives two composite scores (quality of care; cost of care), based on the group's **standardized performance** (e.g. how far away from the national mean).

This approach identifies statistically significant **outliers** and assigns them to their respective cost and quality tiers.

Quality/cost	Low cost	Average cost	High cost
High quality	+2.0x*	+1.0x*	0.00%
Medium quality	+1.0x*	0.00%	-0.50%
Low quality	0.00%	-0.50%	-1.00%

* Eligible for an additional +1.0x if reporting clinical data for quality measures and average beneficiary risk score in the top 25 percent of all beneficiary risk scores.

In 2013, all groups of 25 or more eligible professionals will receive a 2012 QRUR with their tier assignment based on 2012 data.

Attribution of Beneficiaries for the VM

VM Attribution:

- Based on the group that provides the plurality of primary care services to the beneficiary
- Minimum of one primary care service with a physician
 - A primary care service can include an office based, home health or nursing E&M as well as certain other codes defined by CMS.
- Same attribution methodology as the Shared Savings Program
- If physician group does not provide primary care services (e.g., radiology groups), the group will not be attributed beneficiaries



Future Directions

- CY 2012-2013 Physician Feedback Reports (QRURs)
 - Groups of physicians with ≥ 25 eligible professionals.
 - Available in Fall 2013 (2014) based on 2012 (2013) data.
 - Show the VM amount under quality-tiering.
- Working to include patient level data in CY2012 QRURs
- Including episode-based cost measures for several episode types in future.
- Partnering with specialty societies to tailor QRURs to their specialty.

Does CMS have Your Current Information?

Information for the VM and Physician Feedback reports comes from the Provider Enrollment, Chain and Ownership System (PECOS)

- Your medical specialty
- The state in which you practice
- The location of your practice
- Group practice affiliations
- How to contact you

Please update your information at: <https://pecos.cms.hhs.gov>



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For specific question about your report, please email
[CMS Medicare Physician Feedback Program@mathematica-mpr.com](mailto:CMS_Medicare_Physician_Feedback_Program@mathematica-mpr.com)

If we were unable to address your question on today's call, please email it to QRUR@cms.hhs.gov for our consideration.





Information on the Value Modifier and the Physician Feedback Program is available at:

<http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeeSched/index.html>

Thank you for your participation in today's call.