

2016 Incentive Payments and 2018 Payment Adjustments- Module 2

In Module 2, we will discuss the incentives and payment adjustments associated with the quality programs we are discussing, and why it is critical to report PQRS in 2016, as doing so successfully will enable you to avoid the PQRS payment adjustment in 2018. Your successful participation in PQRS also will impact your value modifier in 2018, which could be an upward, neutral or downward adjustment, depending on your provider type. We'll go into more detail as to how a little later. Also, there are still incentives available for meaningful use in 2016, the final year in which Medicare EHR incentives will be paid.

The charts on these slides show the incentives that are available in 2016, as well as the payment adjustments that will be assessed in 2018 based on your participation in the various programs included for all eligible professionals. This slide focused on physicians, with the green columns indicating potential incentives, and the red columns indicating potential payment adjustments, all of which would be assessed in 2018.

For PQRS, 2014 was the final year for incentives, so starting in 2015 and continuing in 2016, your successful reporting in PQRS will enable you to avoid the 2 percent PQRS payment adjustment in 2018.

For the value modifier, the assessment of the upward, neutral, or downward adjustment will depend on the size of the group in which the physician practices (or if he or she is a solo practitioner). For physicians in groups with 2-9 EPs, and for physicians who are solo practitioners, you will be subject to upward, neutral or downward adjustments based on quality tiering for those who report for PQRS in 2015. The upward adjustment will be explained on a later slide, but the downward adjustment that these physicians could be assessed is either 1% or 2%. We'll go into detail as to how that upward adjustment is calculated later. For physicians in groups of 10 or more EPs, the downward adjustment that could be assessed is either 2% or 4%. Regardless of the size of the group, or solo status, non-reporting of PQRS in 2016 means an automatic downward adjustment for solo physicians and for physicians in groups of 2-9 EPs, the automatic VM downward adjustment is 2% for non-reporting, for physicians in groups of 10 or more EPs, the automatic VM reduction is 4%. This is in addition to the 2% reduction for PQRS.

It is important to note that incentives are still available in 2016 for participating in the MU program. This is the final year for which Medicare MU incentives are available. If you are a successful meaningful user in 2016, you can earn an incentive in the Medicare MU program of anywhere between \$2,000 and \$4,000, depending on when you started the program. If you are participating in the Medicaid MU program in 2016, your incentive could be \$21,250 if you are starting this year, or up to \$8,500 if you are already along your way in MU. For those physicians who are eligible professionals in the Medicare MU program and who do not successfully report in 2016, the MU payment adjustment is 3 percent in 2018.

So as you can see in the final column, it is critical that physicians participate in PQRS and MU in 2016, so that you can maximize the incentives that are available and avoid the payment adjustments associated with each program in 2018.

As mentioned earlier, CMS finalized the policy of including physician assistants, nurse practitioners,

clinical nurse specialists and certified registered nurse anesthetists for the assessment of the value modifier in 2018, based on 2016 PQRS performance. This slide details how these practitioners will fare under these programs during the 2016 performance year. As with the physicians, non-reporting of PQRS in 2016 will mean a 2% PQRS payment adjustment in 2018.

For the 2018 value modifier, we will focus first on physician assistants, nurse practitioners, clinical nurse specialists and certified registered nurse anesthetists who are solo practitioners and who are in groups that comprise only of non-physicians. Since 2018 is the first year for the assessment of the value modifier, if these EPs are PQRS reporters, then they will be subject to only an upward or neutral VM payment adjustment based on quality tiering, meaning these EPs will be held harmless from downward adjustments for poor performance. The amount of the upward adjustment would be a factor of 1(x) or 2(x), which will be explained later.

Next, we focus on physician assistants, nurse practitioners, clinical nurse specialists and certified registered nurse anesthetists who are in groups that do include physicians. If the size of the group is 2-9 EPs, if they are PQRS reporting, they can be subject to upward, neutral or downward adjustments based on quality tiering. The amount of the upward adjustment would be a factor of 1(x) or 2(x), and the downward adjustment could be 1% or 2%. For groups that comprise of 10+ EPs, the amount of the upward adjustment would be a factor of 2(x) or 4(x), and the downward adjustment could be 2% or 4%.

Regardless of the size of the group, if a PA, NP, CNS or CRNA does not report PQRS in 2016, then there is an automatic downward payment adjustment for the 2018 VM of either 2% or 4%, depending on where you fall on the chart.

These practitioners are not eligible for the Medicare MU program, so they would not be subject to the Medicare MU payment adjustments in 2018; however, PAs and NPs who meet the requirements of the Medicaid program can earn incentives for the MU program.

The final column shows that for PAs, NPs, CNSs and CRNAs who do not report PQRS in 2016 could be facing a total downward payment adjustment to Medicare reimbursement of 2% to 6% in 2018.

The next slide shows the same programs and how they will affect reimbursement for non-physician practitioners who are not PAs, NPs, CNSs or CRNAs. As for PQRS, all EPs listed are subject to payment adjustments for PQRS in 2018 if they do not successfully report in 2016.

For the value modifier, these non-physician EPs will not be subject to the VM in 2018 based on their 2016 PQRS activity. However, these non-physician practitioners are included when CMS calculates the size of the group for purposes of assessing the VM to those EPs who are assessed the VM. So, for example, when we say "physicians, PAs, NPs, CNSs and CRNAs in groups of 10 or more EPs," we mean the total number of EPs, both physicians and all non-physician practitioners that constitute the entire group.

As with the previous slide, non-physician practitioners and therapists on this slide are not eligible for the Medicare MU program, so the Medicare payment adjustments would not apply to these EPs. For the

Medicaid MU program, Certified Nurse Midwives can earn an incentive if they meet the criteria. There are no payment adjustments in the Medicaid MU program. So the maximum payment adjustment for the non-physician practitioners and therapists listed on this slide in 2018 is 2.0%.

CMS has help desks for providers who have questions for each of the programs included in this module. Providers should contact these call centers as their primary contact with inquiries regarding PQRS, the Value Modifier and the EHR meaningful use programs.

A list of online resources available on the CMS website for each of the programs is found on this slide. You can find links to these sites in the Description section below this video.

That concludes Module two of the Medicare Quality Reporting Programs presentation for 2016. Thank you for watching. To view the remaining modules of this presentation, please see the links in the "Descriptions" section of this video.