MLN Connects™

National Provider Call

How to Avoid 2016 Negative Payment Adjustments for CMS Medicare Quality Reporting Programs

September 17, 2014

The Medicare Learning Network®

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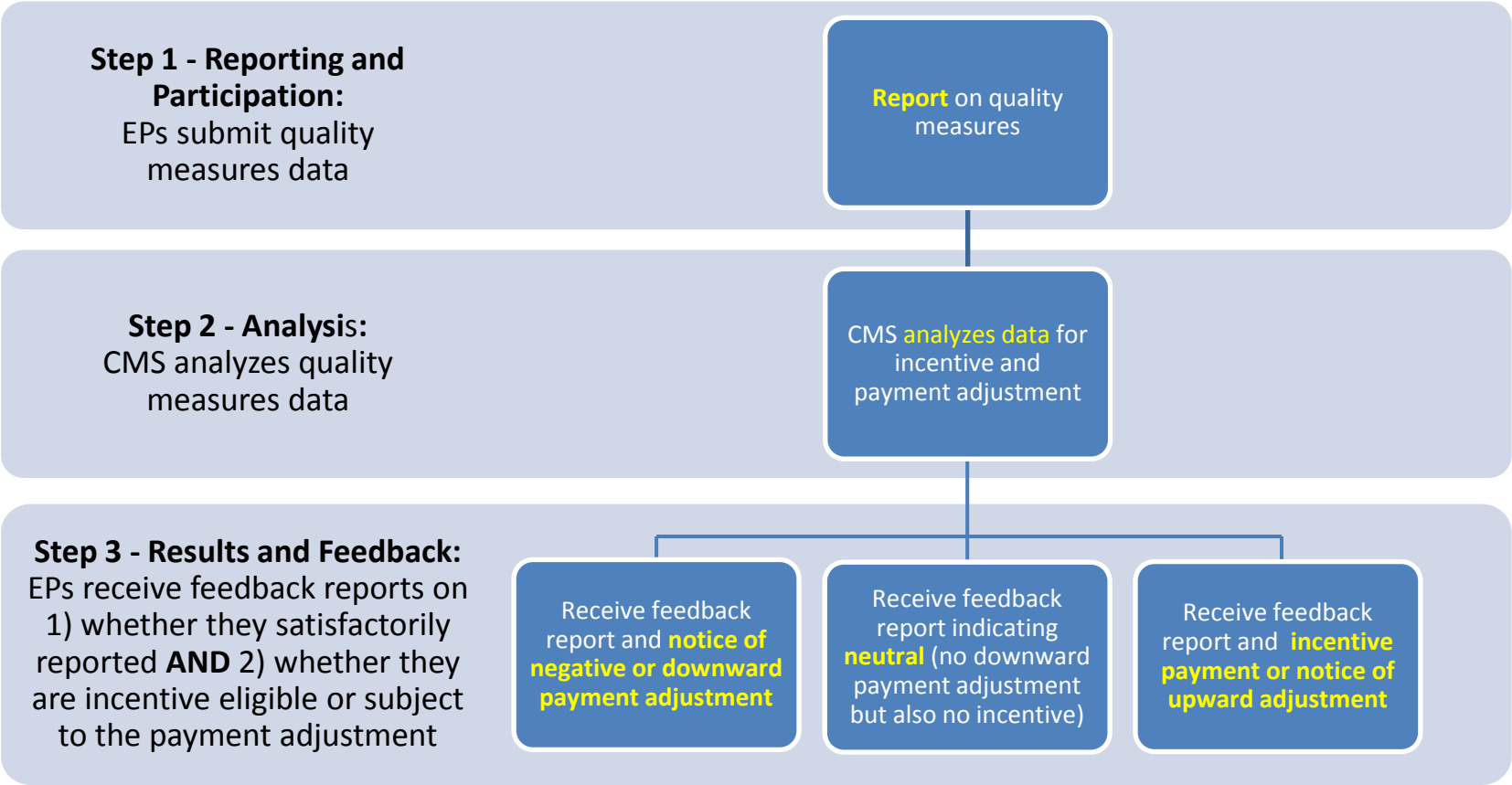
Agenda

- How to Avoid 2016 CMS Quality Reporting Programs Negative Payment Adjustments, including:
  - Physician Quality Reporting System (PQRS)
  - Medicare Electronic Health Record (EHR) Incentive Program
  - Value-Based Payment Modifier (VM)
- 2016 Payment Adjustments
- Reporting 2015 Quality Measures
- Question & Answer Session

How to Avoid the 2016 Payment Adjustments

Overview of the Reporting Process

- Shown below are the 3 high-level steps for participation in the PQRS, Medicare EHR Incentive Program, and VM.



Step 1 – Submit Quality Measures Data

- Learn how EPs and Group Practices can report quality measures one time during the 2014 program year in order to:
  - Become incentive eligible for the 2014 PQRS
  - Avoid the 2016 PQRS payment adjustment
  - Satisfy the clinical quality measure (CQM) component of the Medicare EHR Incentive Program
  - Avoid an automatic downward adjustment under the Physician VM in 2016

Disclaimer

- If reporting for PQRS through another CMS program (such as the Medicare Shared Savings Program, Comprehensive Primary Care Initiative, Pioneer Accountable Care Organizations), 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.
- Medicare Shared Savings Program: http://www.cms.gov/Medicare/ Medicare-Fee-for-Service-Payment/sharedsavingsprogram/Quality_Measures_Standards.html
- Comprehensive Primary Care Initiative: http://innovation.cms.gov/initiatives/comprehensive-primary-care-initiative/
- Pioneer Accountable Care Organizations: http://innovation.cms.gov/initiatives/Pioneer-ACO-Model/

How to Report Once as an Individual EP

- Review the list of eligible professionals on the "How to Get Started" page of the CMS PQRS website
- Must participate in PQRS as an individual (not a member of a group practice who has registered or self-nominated as a PQRS GPRO)

Choose EHR-Based Reporting* Options Or Qualified Clinical Data Registry:
Direct EHR product that is certified EHR Technology (CEHRT*) or*
EHR Data submission vendor that is CEHRT
*Only reporters beyond their first year of meaningful use can report electronically.

Report On 9 Measures Covering At Least 3 Of The National Quality Strategy Domains
If an eligible professional's CEHRT does not contain patient data for at least 9 measures covering at least 3 domains, then the eligible professional must report the measures for which there is Medicare patient data.
12 months
1/1/14-12/31/14
Refer to the EHR Incentive Program website documents for a listing of measures that satisfy the CQM component, then utilize the eCQMs for those measures

Satisfactorily report under PQRS for 2014

YES

- PQRS Incentive Eligible for 2014 (+0.5%)
- Avoid the PQRS payment adjustment
- Satisfy the CQM component of the Medicare EHR Incentive Program*
- Satisfy requirements for the 2016 VM
- If 50% of the EPs in the Tax Identification Number (TIN) satisfactorily report, the group avoids the 2016 downward VM

NO

- Not PQRS Incentive Eligible for 2014
- Subject to the 2016 PQRS payment adjustment (-2.0%)
- Will not satisfy the CQM component of the Medicare EHR Incentive Program

How to Report Once as a Group Practice

Self-Nominate Or Register For PQRS Under One Of The Following Reporting Options:

Direct EHR Product That Is Certified EHR Technology (CEHRT) Or EHR Data Submission Vendor (DSV) That Is CEHRT
These options are available to group practices of 2 or more EPs.

OPTIONAL for Direct/DSV and WI Reporters
Clinician And Group Consumer Assessment Of Healthcare Providers and Systems (CG-CAHPS)
This option is only available to group practices of 25 or more EPs.

GPRO Web Interface (WI)
This option is only available to group practices of 25 or more EPs
*Practices with 100 or more EPs are **required** to report CAHPS for PQRS as well.*

Report On 9 Measures Covering At Least 3 Of The National Quality Strategy Domains
If a group practice's CEHRT does not contain patient data for at least 9 measures covering at least 3 domains, then the group practice must repot the measure for which there is Medicare patient data.
12 Months – 1/1/14-12/31/14

Report on 6 Measures Covering At Least 2 Of The National Quality Strategy Domains Using a Direct EHR or Data Submission Vendor That Is CEHRT, *OR* Report all 22 GPRO Web Interface Measures.

12 Months – 1/1/14-12/31/14

Report On All Measures Included In The Web Interface For The Pre-Populated Beneficiary Example
GPRO Web Interface reporters only need to report on 6 measures across 2 NQS domains and the CAHPS for PQRS measures, rather than all of the Web Interface measures and the CAHPS for PQRS measures.
12 Months – 1/1/14-12/31/14

Satisfactorily report under PQRS for 2014

YES

- PQRS Incentive Eligible for 2014 (+0.5%)
- Avoid the PQRS negative payment adjustment
- Satisfy the CQM component of the Medicare EHR Incentive Program*
- Groups of 10-99 Individual EPs will be subject to a neutral or upward VM adjustment, based on quality tiering
- Groups of 100+ Individual EPs will be subject to a downward, neutral or upward VM adjustment, based on quality tiering

NO

- Not PQRS Incentive Eligible for 2014
- Subject to the 2016 PQRS negative payment adjustment (-2.0%)
- Will not satisfy the CQM component of the Medicare EHR Incentive Program
- Group practices of 10+ Individual EPs will be subject to an automatic downward adjustment (-2.0%) under the VM in 2016.

You Still Have Time to Report

- Individual EPs can report for 2014 PQRS via:
  - Qualified PQRS Registry
  - Qualified Clinical Data Registry (QCDR)
  - Electronic Health Record (EHR) [via Direct EHR using Certified EHR Technology (CEHRT) or CEHRT via Data Submission Vendor]
- See Decision Trees in 2014 PQRS Implementation Guide
  - Criteria for earning incentive (and avoiding 2016 PQRS payment adjustment)
  - Participation criteria to avoid the 2016 PQRS payment adjustment

GPRO Self-Nomination/Registration for 2014

- It's not too late for 2014 PQRS.
- Through **September 30, 2014 (until 11:59 pm EDT)** the Physician Value-Physician Quality Reporting System (PV-PQRS) Registration System will allow authorized representatives of a group practice to register to participate in the PQRS Group Practice Reporting Option (GPRO) in 2014 via:
  - Qualified PQRS Registry;
  - Electronic Health Record (EHR) [via Direct EHR using Certified EHR Technology (CEHRT) or CEHRT via Data Submission Vendor]; or
  - Web Interface (for groups with 25 or more eligible professionals (EPs) only).
- See Decision Trees in 2014 PQRS Implementation Guide.

2016 Payment Adjustments

2016 Payment Adjustments

Program	Applicable to	Adjustment Amount	Based on Program Year (PY)
PQRS	All EPs (Medicare physicians, practitioners, therapists)	-2.0 percent of Medicare Physician Fee Schedule	2014
Medicare EHR Incentive Program	Medicare physicians (if not a meaningful user)	-2.0% of Medicare Physician Fee Schedule	2014
Value-Based Payment Modifier	All Medicare physicians in groups of 10+ EPs	**Groups with 10-99 EPs:** Upward or neutral VM adjustment based on quality tiering for 2016. **Groups with 100+ EPs:** Upward, neutral, or downward VM adjustment based on quality tiering for 2016.	2014

Example Scenarios for EPs and Group Practices Subject to the 2016 Payment Adjustments

2014 Reporting	PQRS	EHR	VM
Sally - Scenario 1	x		
Bob - Scenario 2	x	x	x

** X indicates program participation.*

Example Scenarios for EPs and Group Practices Subject to the 2016 Payment Adjustment – Scenario 1 (Individual EP)

- Sally, an Individual EP, is subject to a PQRS negative payment adjustment.
- Sally reported in 2014 for PQRS. In November 2015, she received feedback from CMS indicating that she is subject to a negative PQRS payment adjustment due to unsatisfactory reporting. The VM does not, however, apply to Sally because she is not in a group of 10 or more EPs. Here is the order of events:
- 2014: Reporting
  - Reported on measures for 2014 for PQRS
- 2015: Feedback is received
  - Received feedback report
  - Received negative adjustment notification letter

Example Scenarios for EPs and Group Practices Subject to the 2016 Payment Adjustment – Scenario 1 (Individual EP) (cont.)

- 2016: Payment adjustment is applied
  - Negative payment adjustment is applied to Part B Medicare Physician Fee Schedule reimbursements.
  - Sally can identify the 2016 payment adjustment codes based on the claim adjustment reason code (CARC) and a remittance advice remark code (RARC).
    - The PQRS, EHR Incentive Program, and VM currently use CARC 237 – Legislated/Regulatory Penalty, to designate when a negative or downward payment adjustment will be applied.
    - At least one Remark Code will be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT) in combination with the PQRS RARC, N699.

Example Scenarios for EPs and Group Practices Subject to the 2016 Payment Adjustment – Scenario 2 (Group Practice)

- Bob is a member of a group of 50 EPs and is subject to PQRS, EHR Incentive Program, and VM payment adjustments in 2016.
- Bob reported in 2014 for PQRS and Medicare EHR Incentive Program. In September 2015, he received feedback from CMS indicating that he is subject to negative payment adjustment for PQRS and Medicare EHR Incentive Program, and an automatic downward payment adjustment for VM. He decides not to request an informal review of the payment adjustment determination. Here is the order of events:
- 2014: Reporting
  - Reported on measures for 2014 for PQRS and Medicare EHR Incentive Program.
- 2015: Feedback is received
  - Received feedback reports for PQRS and VM
  - Received negative and downward payment adjustment notification letters for PQRS, EHR and VM

Example Scenarios for EPs and Group Practices Subject to the 2016 Payment Adjustment – Scenario 2 (Group Practice) (cont.)

- 2016: Payment adjustment is applied
  - Negative payment adjustment is applied to Medicare payments for items and services furnished under the Part B Medicare Physician Fee Schedule.
  - Bob can identify the 2016 payment adjustment codes based on the claim adjustment reason code (CARC) and a remittance advice remark code (RARC).
    - The PQRS, EHR Incentive Program, and VM currently use CARC 237 – Legislated/Regulatory Penalty, to designate when a negative or downward payment adjustment will be applied.
    - At least one Remark Code will be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT) in combination with the following RARCs:
      - PQRS, N699
      - EHR, N700
      - VM, N701

Question & Answer Session

Acronyms in this Presentation

CAHPS:	Consumer Assessment Of Healthcare Providers and Systems
CARC:	Claim Adjustment Reason Code
CEHRT:	Certified EHR Technology
CG-CAHPS:	Clinician and Group Consumer Assessment of Healthcare Providers and Systems
CMS:	Centers for Medicare & Medicaid Services
CQM:	Clinical Quality Measures
DSV:	Data Submission Vendor
GPRO:	Group Practice Reporting Option
EHR:	Electronic Health Record
EP:	Eligible Professional
MLN:	Medicare Learning Network
PQRS:	Physician Quality Reporting System
QCDR:	Qualified Clinical Data Registry
RARC:	Remittance Advice Remark Code
TIN:	Tax Identification Number
VM:	Value-Based Payment Modifier
WI:	Web Interface

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