

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

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Agenda

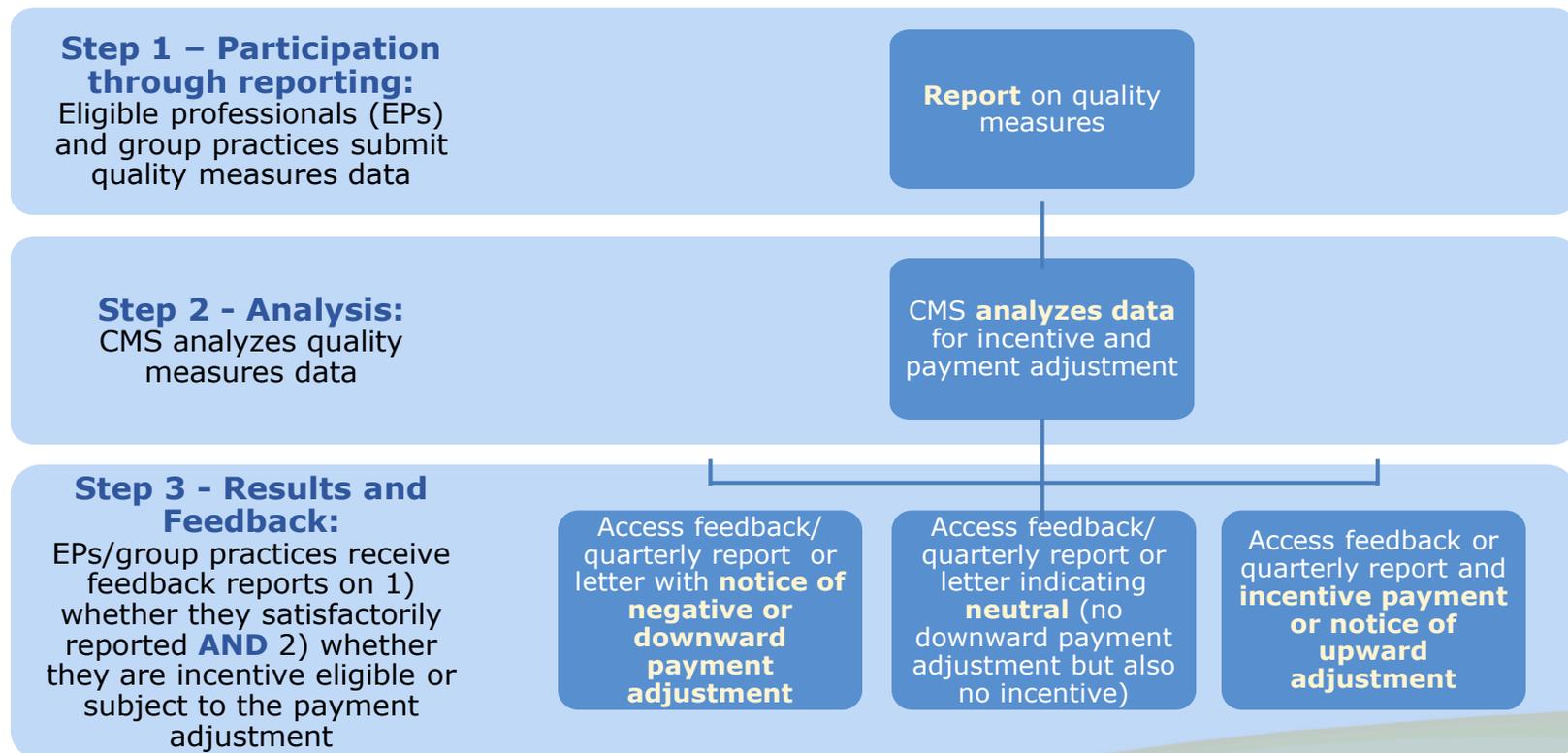
- **How to Avoid 2016 CMS Quality Reporting Programs Negative Payment Adjustments, including:**
 - Physician Quality Reporting System (PQRS)
 - Medicare Electronic Health Record (EHR) Incentive Program
 - Value-Based Payment Modifier (VM)
- **2016 Payment Adjustments**
- **Reporting 2015 Quality Measures**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



How to Avoid the 2016 Payment Adjustments

Overview of the Reporting Process

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



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 and to be eligible for upward adjustments



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
- Applicable medical professionals 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 (DSV) 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

- PQRS Incentive Eligible for 2014 (+0.5%)
- Avoid the 2016 PQRS payment adjustment
- Satisfy the CQM component of the Medicare EHR Incentive Program*
- For groups with 10+ Individual EPs, avoid the automatic -2.0% VM adjustment if at least 50% of the EPs in the Tax Identification Number (TIN) satisfactorily meet the criteria to avoid the 2016 PQRS payment adjustment

YES

**Satisfactorily
report under
PQRS for 2014**

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

Register for PQRS Group Practice Reporting Option (GPRO) 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 Consumer Assessment of Healthcare Providers and Systems (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 report 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

- PQRS Incentive Eligible for 2014 (+0.5%)
- Avoid the PQRS negative payment adjustment
- Satisfy the CQM component of the Medicare EHR Incentive Program*
- For groups with 10+ Individual EPs, avoid the automatic -2.0% VM adjustment
- 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

YES

Satisfactorily report under PQRS for 2014

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)
 - EHR-based Reporting [via Direct EHR that is CEHRT or DSV that is CEHRT]
- **See Decision Trees in 2014 PQRS Implementation Guide**
 - Criteria for earning incentive (and automatically avoid 2016 PQRS payment adjustment)
 - Participation criteria to avoid the 2016 PQRS payment adjustment



GPRO Self-Nomination/Registration for 2014

- **The Physician Value-Physician Quality Reporting System (PV-PQRS) Registration System closed on October 3, 2014.**
- **The PV-PQRS Registration System allowed authorized representatives of a group practice to register to participate in the PQRS GPRO in 2014 via:**
 - Qualified PQRS Registry;
 - EHR-based reporting [via Direct EHR that is CEHRT or DSV that is CEHRT]; 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 (MPFS)	2014
Medicare EHR Incentive Program	Medicare physicians (if not a meaningful user)	-2.0% of MPFS	2014
Value-Based Payment Modifier	All Medicare physicians in groups of 10+ EPs	<p>Groups with 10-99 EPs: Upward or neutral VM adjustment based on quality tiering for 2016.</p> <p>Groups with 100+ EPs: Upward, neutral, or downward VM adjustment based on quality tiering for 2016.</p>	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 as she did not submit at least 3 measures covering 1 domain.
- Sally reported in 2014 for PQRS. In November 2015, she accessed her feedback from CMS, which indicated that she will be subject to a negative PQRS payment adjustment due to unsatisfactory reporting. The 2016 VM does not apply to Sally because she is not in a group of 10 or more EPs in 2014. Here is the order of events:
 - **2014: Reporting**
 - Reported on measures for 2014 for PQRS
 - **2015: Feedback is received**
 - Access feedback report
 - Received negative payment adjustment notification letter and does not submit an informal review request



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 all of Sally’s 2016 Part B MPFS reimbursements.
 - Sally can identify the 2016 PQRS 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 Participating in 2014 GPRO)

- **Bob is a physician in a group practice that participated in 2014 GPRO (group size of 50 EPs). Bob is subject to PQRS, Medicare EHR Incentive Program, and VM payment adjustment in 2016 as he did not satisfactorily report to avoid the adjustments.**
- **Bob reported in 2014 for PQRS and Medicare EHR Incentive Program. In September 2015, the group accessed their feedback from CMS, which indicated that the TIN will be subject to a negative payment adjustment for PQRS and an automatic downward payment adjustment for VM, in addition to Bob receiving the payment adjustment for the Medicare EHR Incentive Program, all due to unsatisfactory reporting. He decides not to request an informal review/reconsideration of the payment adjustment determinations. Here is the order of events:**
- **2014: Reporting**
 - Reported on measures for 2014 PQRS and Medicare EHR Incentive Program.
- **2015: Feedback is received**
 - Accessed feedback reports for PQRS and VM and checked attestation status in the EHR Attestation System
 - 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**
 - PQRS and VM negative/downward payment adjustments are applied to Medicare payments for items and services furnished under the 2016 Part B MPFS. An additional EHR Incentive Program negative adjustment is applied to Bob’s 2016 Part B MPFS reimbursements.
 - 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
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

Thank You