

# eHealth Provider Webinar

## July 16, 2013



## Quality Measurement 101

### What Providers Need to Know about CMS Quality Programs

#### Presentation Objectives

The presentation will cover the following topics:

1. Overview and goals of CMS quality programs
2. PQRS overview, including eligibility, reporting requirements, incentive payments, and payment adjustments
3. MOC overview
4. VBPM overview, including reporting requirements and payment adjustments
5. Resources/Help Desk



# Overview of CMS Quality & Performance Programs

## Hospital Quality

- Medicare and Medicaid EHR Incentive Program
- PPS-Exempt Cancer Hospitals
- Inpatient Psychiatric Facilities
- Inpatient Quality Reporting
- HAC Payment Reduction Program
- Readmission reduction program
- Outpatient Quality Reporting
- Ambulatory Surgical Centers

## Physician Quality Reporting

- Medicare and Medicaid EHR Incentive Program
- Physician Quality Reporting System (PQRS)
- eRx quality reporting
- Value-based Payment Modifier (VBPM)
- Maintenance of Certification (MOC)

## PAC and OTHER Setting Quality Reporting

- Inpatient Rehabilitation Facility
- Nursing Home Compare Measures
- LTCH Quality Reporting
- Hospice Quality Reporting
- Home Health Quality Reporting

## Payment Model Reporting

- Medicare Shared Savings Program
- Hospital Value-based Purchasing
- Physician Feedback
- Physician Value-based Modifier
- ESRD QIP
- Innovations Pilots

## “Population” Quality Reporting

- Medicaid Adult Quality Reporting
- CHIPRA Quality Reporting
- Health Insurance Exchange Quality Reporting
- Medicare Part C
- Medicare Part D

# Goals for CMS Quality Reporting Programs

- **Improve quality of care** by using robust quality measures and providing timely feedback to hospitals and physicians
- **Minimize burden** for providers participating in multiple programs by:
  - Synchronizing performance and submission periods
  - Allowing participating providers to make one submission of quality data
  - Using the same quality measures and electronic specifications
- **Maximize efficiency** by using quality data submitted by providers for multiple quality programs

# Physician Quality Reporting System (PQRS) Overview

- ❑ PQRS is a reporting program that uses **incentive payments** and **payment adjustments** to promote reporting of quality information
  - ❑ Incentive payments continue through the 2014 program year
  - ❑ Payment adjustments begin in 2015, and are based on prior years' reporting
  
- ❑ PQRS is available to practices with eligible professionals (EPs) or group practices participating in the group practice reporting option (GPRO)
  
- ❑ The creation of the PQRS program was mandated by federal legislation, but participation is voluntary for EPs

# PQRS Eligibility

Physicians	Practitioners	Therapists
Doctor of Medicine Doctor of Podiatric Medicine Doctor of Osteopathy Doctor of Optometry Doctor of Oral Surgery Doctor of Dental Medicine Doctor of Chiropractic	Clinical Nurse Specialist Physician Assistant Nurse Practitioner Certified Registered Nurse Anesthetist Anesthesiologist Assistant Certified Nurse Midwife Clinical Social Worker Clinical Psychologist Registered Dietician Nutrition Professional Audiologists	Qualified Speech-Language Therapist Physical Therapist Occupational Therapist

*\*Not all providers who are eligible are able to participate*

# Benefits of PQRS Participation

**By participating in PQRS, eligible providers can:**

- ✓ Assess the quality of care they are providing their patients
- ✓ Ensure patients get the right care at the right time
- ✓ Quantify how often they are meeting a particular quality metric
- ✓ Use feedback reports to compare their performance on a given measure with their peers

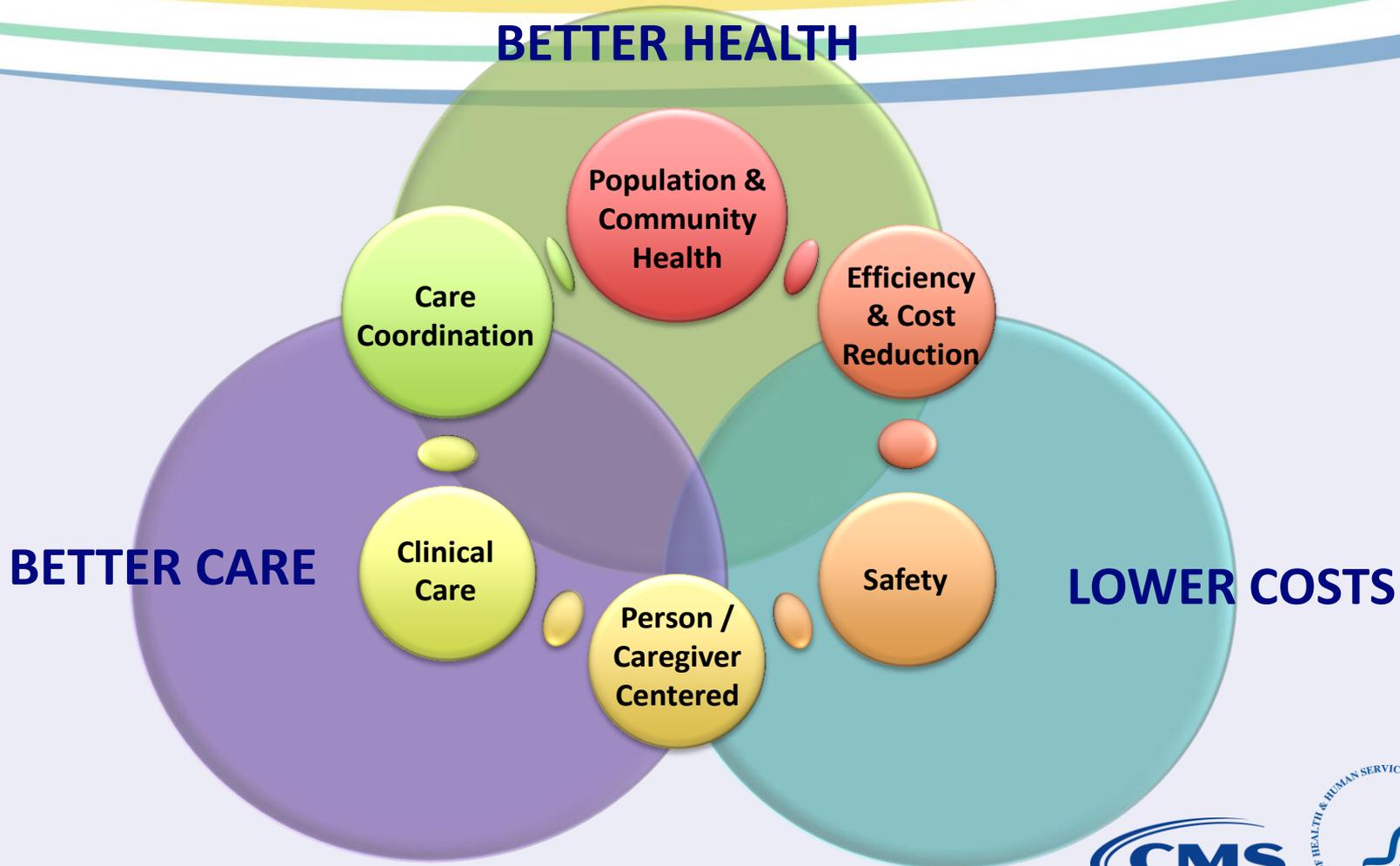
# Requirements for Reporting PQRS Data

To successfully participate in PQRS, EPs or group practices must report data on **quality measures** for covered Physician Fee Schedule (PFS) services furnished to Medicare Part B Fee-for-Service (FFS) beneficiaries (including Railroad Retirement Board and Medicare Secondary Payer)

# PQRS Quality Measures

- ❑ Quality measures are mechanisms used to assign a quantity to the quality of care provided by the EP or group practice
- ❑ Quality measures are developed by provider associations, quality groups, and CMS
- ❑ The measures must adhere to the National Quality Strategy (NQS) domains, and domains vary by specialty
- ❑ Domains include:
  - Care coordination
  - Patient safety and engagement
  - Population/public health
  - Clinical process/efficient use of healthcare resources
- ❑ Quality measures are reviewed and updated each year based on the measure developers' input

# Importance of Quality Measures



# Selecting Quality Measures

EPs choose at least **three** individual measures or one measures group as an option to report on measures to CMS

At a minimum, EPs should consider the following factors when selecting measures for reporting:

- Clinical conditions commonly treated
- Types of care delivered frequently – e.g., preventive, chronic, acute
- Settings where care is often delivered – e.g., office, emergency department (ED), surgical suite
- Quality improvement goals for 2013

# PQRS Reporting

To participate in the 2013 PQRS program, individual EPs may choose to report quality information through one of the following methods:

1. To CMS on their Medicare Part B claims
2. To a qualified Physician Quality Reporting registry
3. To CMS via a qualified electronic health record (EHR) product
4. To a qualified Physician Quality Reporting EHR data submission vendor

Groups can also participate via the Group Practice Reporting Option (GPRO)

# Incentive Payments

- EPs must correctly submit PQRS quality measures through one of the approved reporting mechanisms to receive a payment
- In 2013, EPs will receive an incentive payment equal to **0.5%** of their total estimated Medicare Part B PFS allowed charges for covered professional services furnished during that same reporting period
- 2014 is the last year EPs can receive an incentive payment for successful participation in PQRS

# Payment Adjustments

- Beginning in 2015, EPs will be subject to a **payment adjustment** if they do not satisfactorily report data on quality measures for covered professional services
- 2015 payment adjustments will be based on participation during the 2013 PQRS program year
- EPs receiving a payment adjustment in 2015 will be paid **1.5% less** than the Medicare PFS amount for services provided
- EPs can avoid the 2015 payment adjustment by applying for the Administrative Claims option or by submitting one valid measure or measures group in 2013

# Feedback Reports

- EPs who report PQRS quality measures can request to receive National Provider Identifier (NPI)-level Physician Quality Reporting **Feedback Reports**.
  
- The reports include information on:
  - Reporting rates
  - Clinical performance
  - Incentives earned by participating individual professionals
  - Summary information on reporting success and incentives earned at the practice level
  
- The feedback reports are typically provided in the fall of the following year

# Maintenance of Certification (MOC) Program Overview

In 2013, EPs can earn an additional incentive of 0.5% by working with a MOC entity



To qualify, EPs must:

- Satisfactorily submit data on quality measures under PQRS for a 12-month reporting period
- And participate in a MOC Program and successfully complete a qualified MOC Program practice assessment

# Value-Based Payment Modifier (VBPM) Program Overview

- ❑ The Value-Based Payment Modifier (VBPM) Program will provide comparative performance information on quality and costs to physicians
- ❑ VBPM will move toward physician reimbursement that rewards **value** rather than **volume**
- ❑ Currently the program applies only to physicians in large groups ( $\geq 100$  eligible professionals)
- ❑ By 2017, all physicians who participate in Fee-For-Service Medicare will be affected by the value modifier

# Reporting Data for VBPM

In 2015, physicians in groups of **100 or more** EPs who submit claims to Medicare under a single tax identification number will be subject to the value modifier, based on their performance in calendar year 2013

These groups will need to self-nominate and choose one of three PQRS group reporting methods:

- Web-interface GPRO
- Registry
- Request that CMS calculate the group's performance from a set of administrative claims measures

# Payment Adjustments for VBPM

- ❑ Steps for groups  $\geq 100$  to avoid the 2015 VBPM payment adjustment:
  1. Self-nominate/register for GPRO
  2. Participate in any of the approved PQRS GPRO methods of reporting on clinical quality performance
  3. Participation in PQRS will result in a 2015 value modifier of zero
  
- ❑ Failing to report data for VBPM will result in a **negative 1%** value modifier adjustment to 2015 payment under the physician pay schedule
  
- ❑ The VBPM adjustment is in **addition** to the PQRS payment adjustment

# Resources

Learn more about each of these quality programs and how to participate by reviewing their websites:

PQRS Program:

<http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/index.html>

Maintenance of Certification Program:

[http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/Downloads/Qualified\\_2013\\_MOC\\_Posting\\_Doc.pdf](http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/Downloads/Qualified_2013_MOC_Posting_Doc.pdf)

Value-Based Payment Modifier Program:

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

# Questions?

- ❑ For questions or assistance with reporting contact the QualityNet Help Desk
  
- ❑ The help desk is available **Monday–Friday; 7:00 AM–7:00 PM CST** to assist with:
  - General CMS Physician Quality Reporting System information
  - Portal password issues
  - Feedback report availability and access
  - PQRI-IACS registration questions
  - PQRI-IACS login issues

Phone: 1-866-288-8912

TTY: 1-877-715-6222

Email: [Qnetsupport@sdps.org](mailto:Qnetsupport@sdps.org)

