

01

BEGINNER



PQRS Training Module:

# **QUALITY MEASUREMENT 101**

# TRAINING MODULE OBJECTIVES

*Quality Measurement 101* is a training module for providers who are interested in learning the basics of quality reporting, specifically for the Physician Quality Reporting System, or PQRS.

# 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.

Please note, although CMS has attempted to align or adopt similar reporting requirements across programs, eligible professionals should look to the respective quality program to ensure they satisfy the requirements of each of these programs.

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Tip: A definition of terms can be found at the back of the presentation module

# **CMS QUALITY PROGRAMS:**

## **Overview & Goals**

# Overview of CMS Quality & Performance Programs

This table provides a comprehensive list of CMS quality and performance programs.

| Hospital Quality   | Physician Quality Reporting   | PAC and OTHER Setting Quality Reporting  | Payment Model Reporting  | “Population” Quality Reporting  |
|--|---|--|--|---|
| <ul style="list-style-type: none"> <li>• Medicare and Medicaid EHR Incentive Program</li> <li>• PPS-Exempt Cancer Hospitals</li> <li>• Inpatient Psychiatric Facilities</li> <li>• Inpatient Quality Reporting</li> <li>• HAC Payment Reduction Program</li> <li>• Readmission reduction program</li> <li>• Outpatient Quality Reporting</li> <li>• Ambulatory Surgical Centers</li> </ul> | <ul style="list-style-type: none"> <li>• Medicare and Medicaid EHR Incentive Program</li> <li>• Physician Quality Reporting System (PQRS)</li> <li>• Value-based Payment Modifier (VM)</li> <li>• Maintenance of Certification</li> </ul> | <ul style="list-style-type: none"> <li>• Inpatient Rehabilitation Facility</li> <li>• Nursing Home Compare Measures</li> <li>• LTCH Quality Reporting</li> <li>• Hospice Quality Reporting</li> <li>• Home Health Quality Reporting</li> </ul> | <ul style="list-style-type: none"> <li>• Medicare Shared Savings Program</li> <li>• Hospital Value-based Purchasing</li> <li>• Physician Feedback</li> <li>• ESRD QIP</li> <li>• Innovations Pilots</li> </ul> | <ul style="list-style-type: none"> <li>• Medicaid Adult Quality Reporting</li> <li>• CHIPRA Quality Reporting</li> <li>• Health Insurance Exchange Quality Reporting</li> <li>• Medicare Part C</li> <li>• Medicare Part D</li> </ul> |

# Goals for CMS Quality Reporting Programs

CMS quality reporting programs were designed to:

**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

# **PQRS OVERVIEW:**

**Eligibility**

**Reporting/Quality Measures**

**Incentive Payments**

**Payment Adjustments**

**Feedback Reports**

# What is PQRS?

- ❑ PQRS is a reporting program that uses **incentive payments** and **payment adjustments** to promote the reporting of quality information
  - Incentive payments continue through the 2014 program year
  - Payment adjustments begin in 2015, and are based on reporting in a prior year
    - 2013 reporting determines the 2015 payment adjustment
    - 2014 reporting determines the 2016 payment adjustment
  
- ❑ The creation of the PQRS program was mandated by federal legislation, but participation is voluntary for eligible professionals.
  
- ❑ PQRS is available to providers who wish to participate as individual eligible professionals or as part of their group practice by participating in the group practice reporting option (GPRO)



# PQRS Eligibility

- Eligible professionals who provide services on the Medicare Part B section of the Physician Fee Schedule are eligible for PQRS incentive payments and/or payment adjustments.
- Some eligible professionals may be eligible to participate, but because of their billing method may not be able to participate:

- Review the list of eligible professionals for more information:

[http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/Downloads/PQRS\\_List-of-EligibleProfessionals\\_022813.pdf](http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/Downloads/PQRS_List-of-EligibleProfessionals_022813.pdf)



# PQRS Eligible Professionals

| Physicians   | Practitioners   | Therapists  |
|--|---|---|
| <ul style="list-style-type: none"> <li>• Doctor of Medicine</li> <li>• Doctor of Podiatric Medicine</li> <li>• Doctor of Osteopathy</li> <li>• Doctor of Optometry</li> <li>• Doctor of Oral Surgery</li> <li>• Doctor of Dental Medicine</li> <li>• Doctor of Chiropractic</li> </ul> | <ul style="list-style-type: none"> <li>• Clinical Nurse Specialist</li> <li>• Physician Assistant</li> <li>• Nurse Practitioner</li> <li>• Certified Registered Nurse</li> <li>• Anesthetist</li> <li>• Anesthesiologist Assistant</li> <li>• Certified Nurse Midwife</li> <li>• Clinical Social Worker</li> <li>• Clinical Psychologist</li> <li>• Registered Dietician</li> <li>• Nutrition Professional</li> <li>• Audiologists</li> </ul> | <ul style="list-style-type: none"> <li>• Qualified Speech-Language Therapist</li> <li>• Physical Therapist</li> <li>• Occupational Therapist</li> </ul> |

*Note: Beginning in 2014, professionals who reassign benefits to a Critical Access Hospital (CAH) that bills professional services at a facility level, such as CAH Method II billing, can now participate (in all reporting methods except for claims-based). To do so, the CAH must include the individual provider National Provider Identifier (NPI) on their Institutional (FI) claims.*

# Benefits of PQRS Participation

By participating in PQRS, eligible professionals 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

# About PQRS Quality Measures

- Used to assign a quantity to the quality of care provided by the eligible professional or group practice
- Developed by provider associations, quality groups, and CMS
- Must adhere to the National Quality Strategy (NQS) domains
- Reviewed and updated each year based on the measure developers' input



# Quality Measure Domains

These domains are derived from the National Quality Strategy (NQS) priorities, and include:

1. Communication and Care Coordination
2. Person and Caregiver-Centered Experience Outcomes
3. Patient Safety
4. Community, Population, and Public Health
5. Efficiency and Cost Reduction Use of Healthcare Resources
6. Effective Clinical Care



# Importance of Quality Measures



When reported by eligible professionals nationwide, quality measures work together to provide better care coordination and better health care at lower costs.

# Requirements for Reporting PQRS Data

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

# Selecting Quality Measures

For most reporting methods\*, individual eligible professionals choose at least **nine** individual measures across **three** or more National Quality Strategy (NQS) domains to CMS.

At a minimum, eligible professionals should consider the following factors when selecting 9 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 2014

- ▶ Note: For some reporting methods, there is a lower threshold for reporting for avoiding the payment adjustment than the nine measures across three or more NQS domains



\*For GPRO Web Interface reporting, groups must report on **all** 22 measures.

# PQRS Reporting: Individuals

To participate in the 2014 PQRS program, individual eligible professionals may choose to report quality information to CMS through one of the following methods:

1. Claims
2. Qualified registry
3. Qualified Clinical Data Registry (QCDR)
4. Direct electronic health record (EHR) using certified EHR technology (CEHRT)
5. CEHRT via data submission vendor

Eligible professionals should consider which PQRS reporting method best fits their practice when making this decision.

# PQRS Reporting: Groups

To participate in the 2014 PQRS program, group practices may choose to report quality information to CMS through one of the following methods:

## **Groups of 2 or more can report using:**

1. Qualified registry
2. Directly from EHR using CEHRT
3. CEHRT using data submission vendor

## **Groups of 25 or more can also report using:**

4. Web interface
5. CAHPS for PQRS

- Elective, in addition to selection of one of the previous reporting options, for groups of 25-99 eligible professionals and groups of 100+ reporting via registry or EHR
- Required for groups of 100+ reporting via GPRO web interface
- CMS will partner with a certified survey vendor and pay for the survey to be disseminated on groups' behalf for 2014

# Incentive Payments in 2014

Eligible professionals must satisfactorily report PQRS quality measures through one of the approved 2014 reporting mechanisms to receive a payment.

In 2014, eligible professionals 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** that eligible professionals can earn incentive payments for successful participation in PQRS.



# Payment Adjustments

Beginning in 2015, eligible professionals will be subject to a **payment adjustment** if they do not satisfactorily report 2013 data on quality measures for covered professional services.

2016 payment adjustments will be based on reporting during the 2014 PQRS program year.

Eligible professionals receiving a payment adjustment in 2016 will be paid **2% less** than the Medicare PFS amount for services provided in 2016.



# Feedback Reports

- Feedback reports will be available for every Taxpayer Identification Number (TIN) under which at least one eligible professional (identified by his or her National Provider Identifier, or NPI) submitting Medicare Part B PFS claims reported at least one valid PQRS measure a minimum of once during the reporting period.
  
- 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
  - 2014 feedback reports will be available in the fall of 2015

# QUALITY RESOURCES

# PQRS Website

Learn more about PQRS and how to participate by reviewing the website:

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

# Definitions of Terms

**PQRS** – Physician Quality Reporting System

**VM** – Value-Based Payment Modifier

**GPRO** – Group Practice Reporting Option

**NQS** – National Quality Strategy

**CEHRT** – Certified Electronic Health Record Technology

**QCDR** – Qualified Clinical Data Registry

**CAHPS** – Consumer Assessment of Healthcare Providers and Systems

**TIN** – Tax Identification Number

**NPI** – National Provider Identifier

**FFS** – Fee-for-Service

**PFS** – Physician Fee Schedule

# Quality Help Desk

**QualityNet Help Desk:**  866-288-8912 (TTY 877-715-6222)  
7:00 a.m.–7:00 p.m. CT M-F or  [qnetsupport@hcqis.org](mailto:qnetsupport@hcqis.org)

- Portal password issues
- PQRS/eRx feedback report availability and access
- IACS registration questions
- IACS login issues
- PQRS and eRx Incentive Program questions

*You will be asked to provide basic information such as name, practice, address, phone, and e-mail*