

eHealth Provider Webinar

September 11, 2013



2013 PQRS Program: What Providers Need to Know about Upcoming PQRS Deadlines

Presentation Objectives

1. PQRS Program Basics
2. Value Based Payment Modifier (VM) Overview
3. Approaching 2013 PQRS and VM Milestones
4. Preparing for 2013 Deadlines
5. Resources and Help Desk Information



PQRS Program Basics

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 2013 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

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)

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 Quality Resource Use Reports (QRURs) to compare their performance on a given measure with their peers

PQRS Participation Options: Individual EPs

Individual EP (includes solo practitioners)

- Individual EPs report data on PQRS measures during the reporting period
- Analyzed by unique TIN/NPI combination
- Analysis is based on the individual/rendering NPI - not group NPI
- The PQRS payment adjustment may be applied to each unsuccessful TIN/NPI
- If an EP changes TINs, the participation under the old TIN does not carry over to the new TIN, nor is it combined for final analysis

PQRS Participation Options: Group Practices

Group Practice Reporting Option (GPRO)

- “Group practice” is defined as a single TIN with 2 or more individual EPs (as identified by Individual NPI) who have reassigned their billing rights to the TIN
- Allows group practices that satisfactorily report data on PQRS measures during the reporting period to earn a PQRS incentive payment and/or avoid a future payment adjustment at the TIN level
- If an organization or EP changes TINs, the participation under the old TIN does not carry over to the new TIN, nor is it combined for final analysis

PQRS Reporting Methods: Individual EPs

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

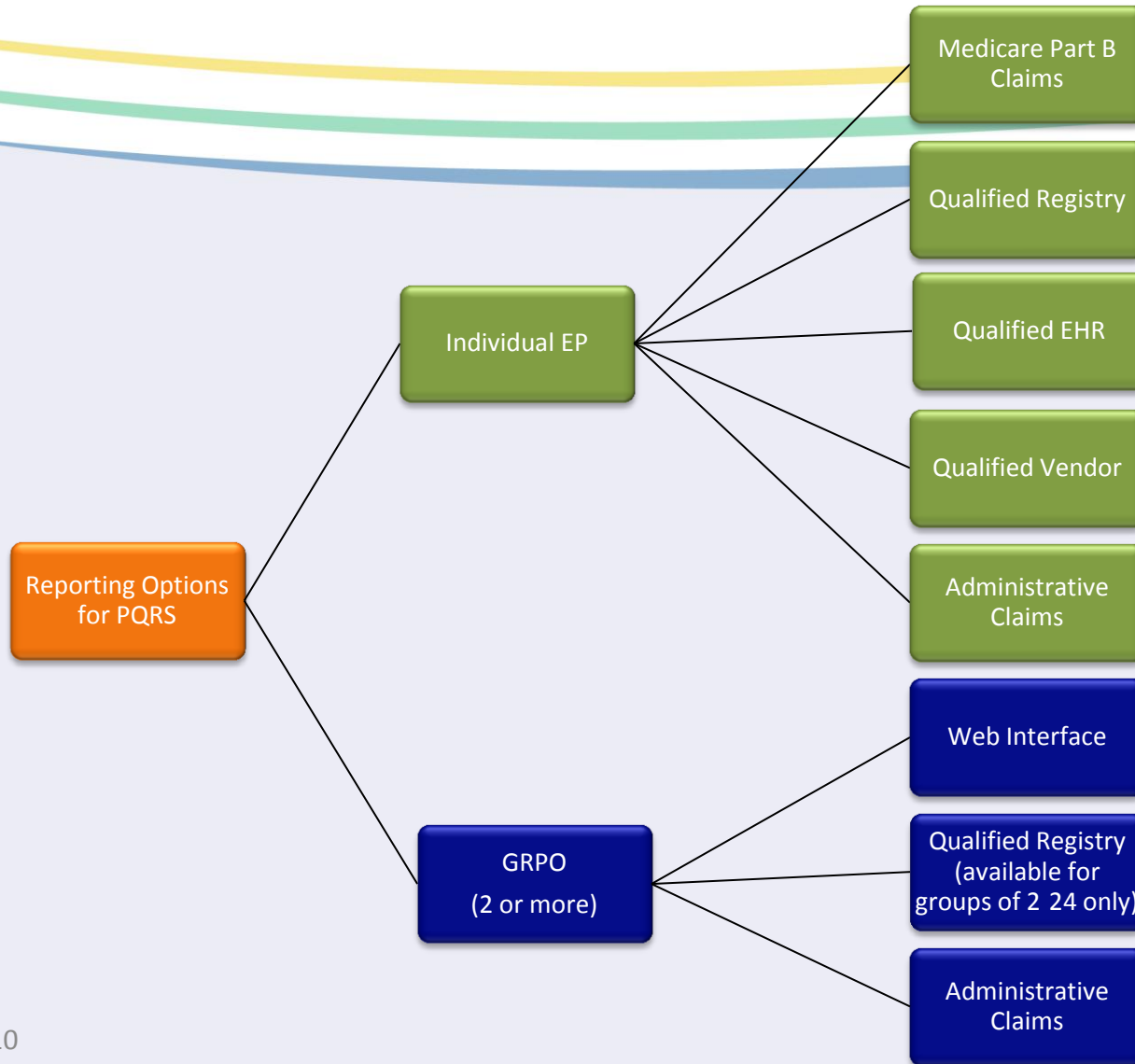
1. Medicare Part B claims
2. Qualified PQRS registry
3. Qualified electronic health record (EHR) product
4. Qualified EHR data submission vendor
5. Administrative claims

PQRS Reporting Methods: Group Practices

To participate in the 2013 PQRS program, group practices may choose to report quality information to CMS through one of the following GPRO methods:

1. Qualified PQRS registry
2. GPRO Web Interface
3. Administrative claims

2013 PQRS Reporting Options



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

PQRS Payment Adjustments

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

Who is eligible for the payment adjustment?

Eligible to Receive 2013 PQRS incentive payment and 2015 PQRS payment adjustment:

Physicians

- Doctor of Medicine
- Doctor of Osteopathy
- Doctor of Podiatric Medicine
- Doctor of Optometry
- Doctor of Dental Surgery
- Doctor of Dental Medicine
- Doctor of Chiropractic

Practitioners

- Physician Assistant
- Nurse Practitioner
- Clinical Nurse Specialist
- Certified Registered Nurse Anesthetist (and Anesthesiologist Assistant)
- Certified Nurse Midwife
- Clinical Social Worker
- Clinical Psychologist
- Registered Dietician
- Nutrition Professional
- Audiologist

Therapists

- Physical Therapist
- Occupational Therapist
- Qualified Speech-Language Therapist

Avoiding 2015 PQRS Payment Adjustment

For individual EPs:

1. Meet the criteria for satisfactory reporting for the 2013 PQRS incentive payment; **OR**
2. Report 1 valid measure or 1 valid measures group; **OR**
 - One instance of a measure or measures group can be submitted according to the requirements set forth in the 2013 PQRS measure specifications
3. Elect to be analyzed under the administrative claims-based reporting mechanism
 - Must register for this option via PV-PQRS system
 - May report as individual EPs through traditional PQRS reporting methods (claims, registry, EHR) to work towards earning the 2013 PQRS incentive payment

Avoiding 2015 PQRS Payment Adjustment (continued)

For the 2013 PQRS GPRO:

1. Meet the criteria for satisfactory reporting for the 2013 PQRS incentive payment under the GPRO; **OR**
2. Report 1 valid measure; **OR**
3. Elect administrative claims reporting mechanism
 - Must register for this option via PV-PQRS system
 - Groups of 100 or more will avoid the VM downward adjustment
 - May report as individual EPs through traditional PQRS reporting methods (claims, registry, EHR) to work towards earning the 2013 PQRS incentive payment
 - Not available to ACO GPROs

Selecting Administrative-Claims

- By selecting administrative-claims based reporting, EPs can avoid 2015 payment adjustment, but will not receive incentive payment for 2013 participation
- Election of CMS-calculated administrative claims-based reporting is available only via PV-PQRS system
- Election is available July 15, 2013 through October 15, 2013

How CMS Uses Administrative-Claims

- ❑ EPs and groups will be calculated at the single TIN level and CMS will apply the TIN's performance to the TIN and all its members
- ❑ 17 measures
 - 14 process
 - 3 outcome measures (2 of which are Prevention Quality Indicator (PQI) composite measures)
- ❑ CMS will use claims data to calculate a quality score for administrative claims quality measures
 - No need to report PQRS quality-data codes

Benefits of Administrative Claims

- ✓ Avoid PQRS payment adjustment
- ✓ Avoid VM downward payment adjustment
 - Unless quality tiering is elected and the result is a downward payment adjustment
- ✓ CMS compiles info vs. EP submitting
- ✓ No burden on practices

Future of Administrative Claims

- Only available for 2013 PQRS program year
- EPs and group practices are encouraged to become familiar with the traditional PQRS reporting methods (claims, registry, EHR, or GPRO web interface)

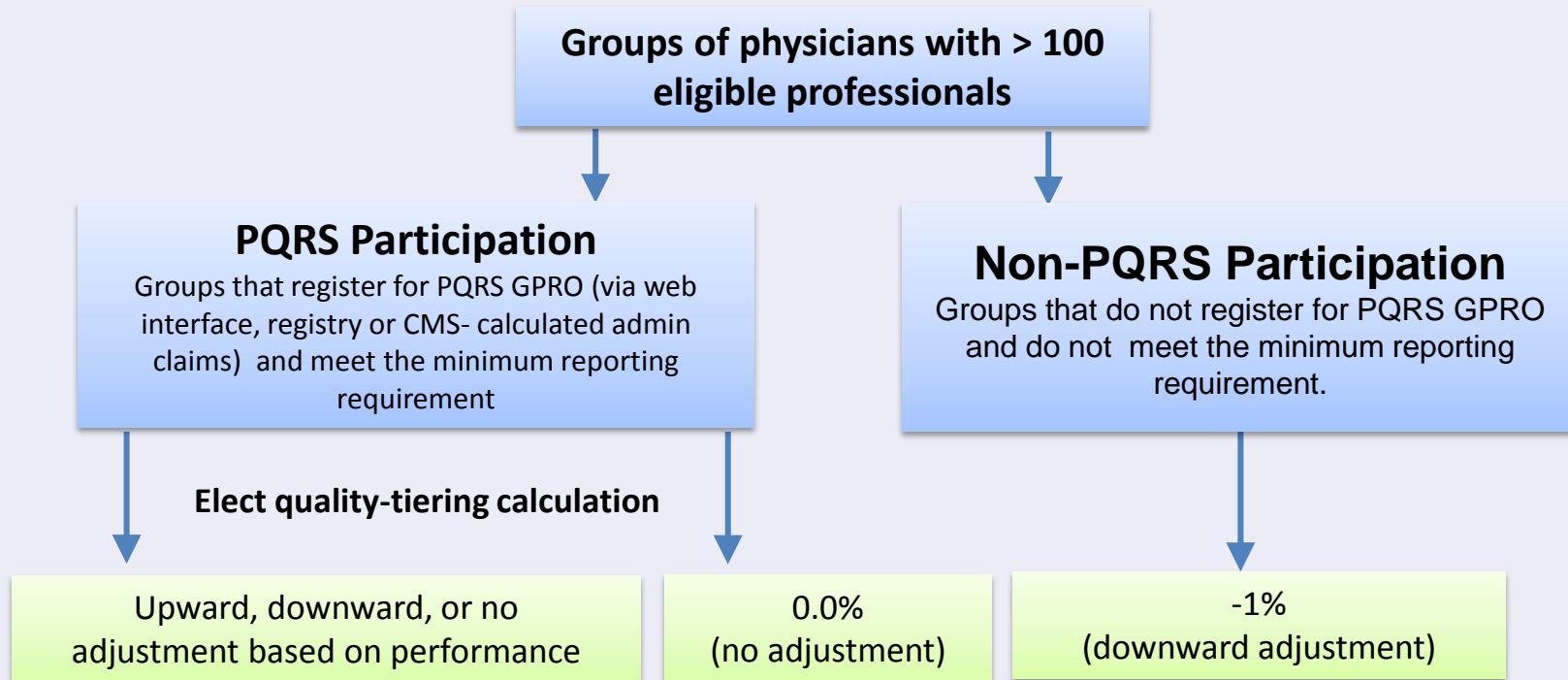
Value Based Payment Modifier (VM) Overview

Value Based Payment Modifier (VM) Overview

- ❑ VM assesses both quality of care furnished and the cost of that care under the Medicare Physician Fee Schedule
- ❑ Begin phase-in of VM in 2015, phase-in complete by 2017
- ❑ Implementation of the VM is based on participation in Physician Quality Reporting System
- ❑ For CY 2015, we will apply the VM to groups of physicians with 100 or more eligible professionals (EPs)

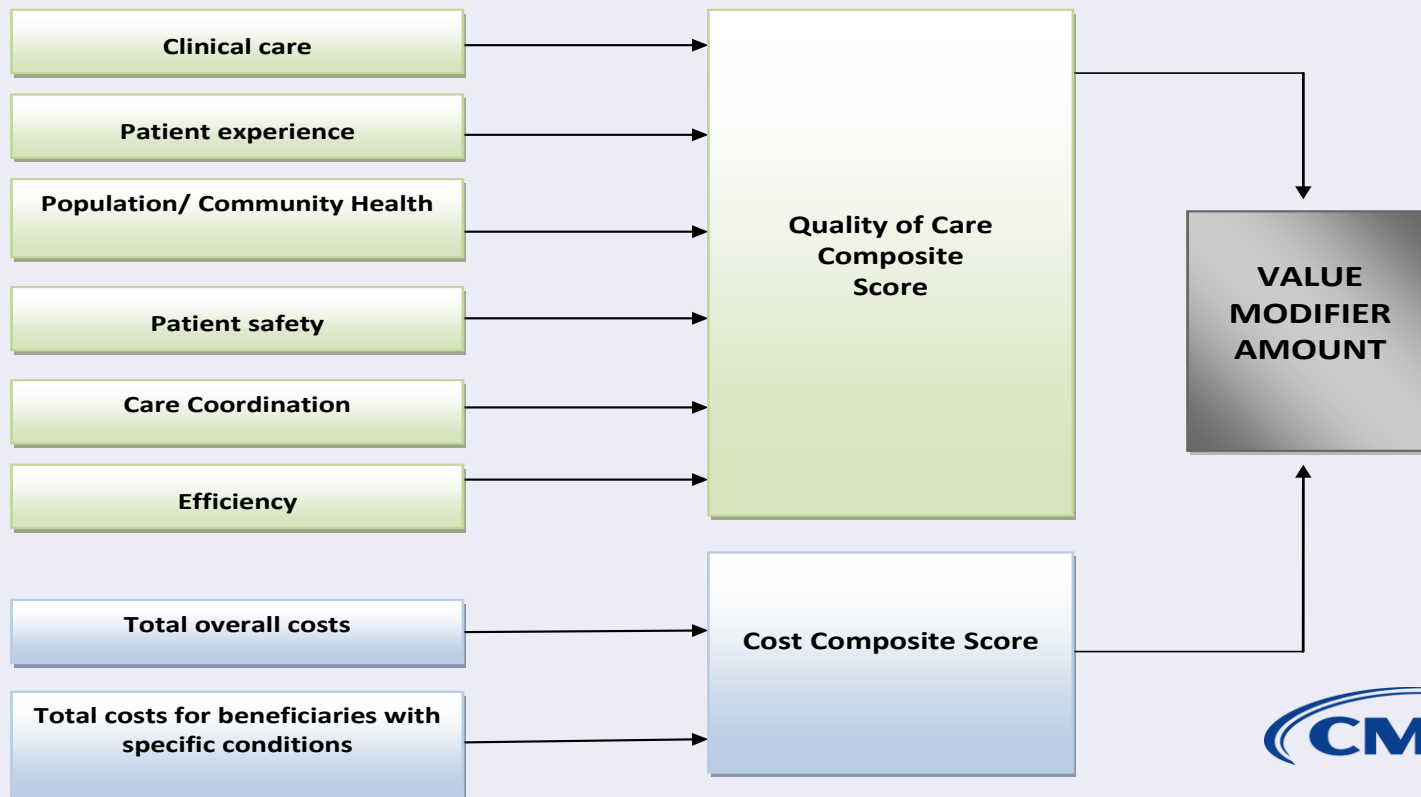
PQRS and VM are Linked

VM implementation in 2015 is based on PQRS participation in 2013



Quality-Tiering Methodology

Use domains to combine each quality measure into a quality composite and each cost measure into a cost composite.



Quality-Tiering Approach for 2015

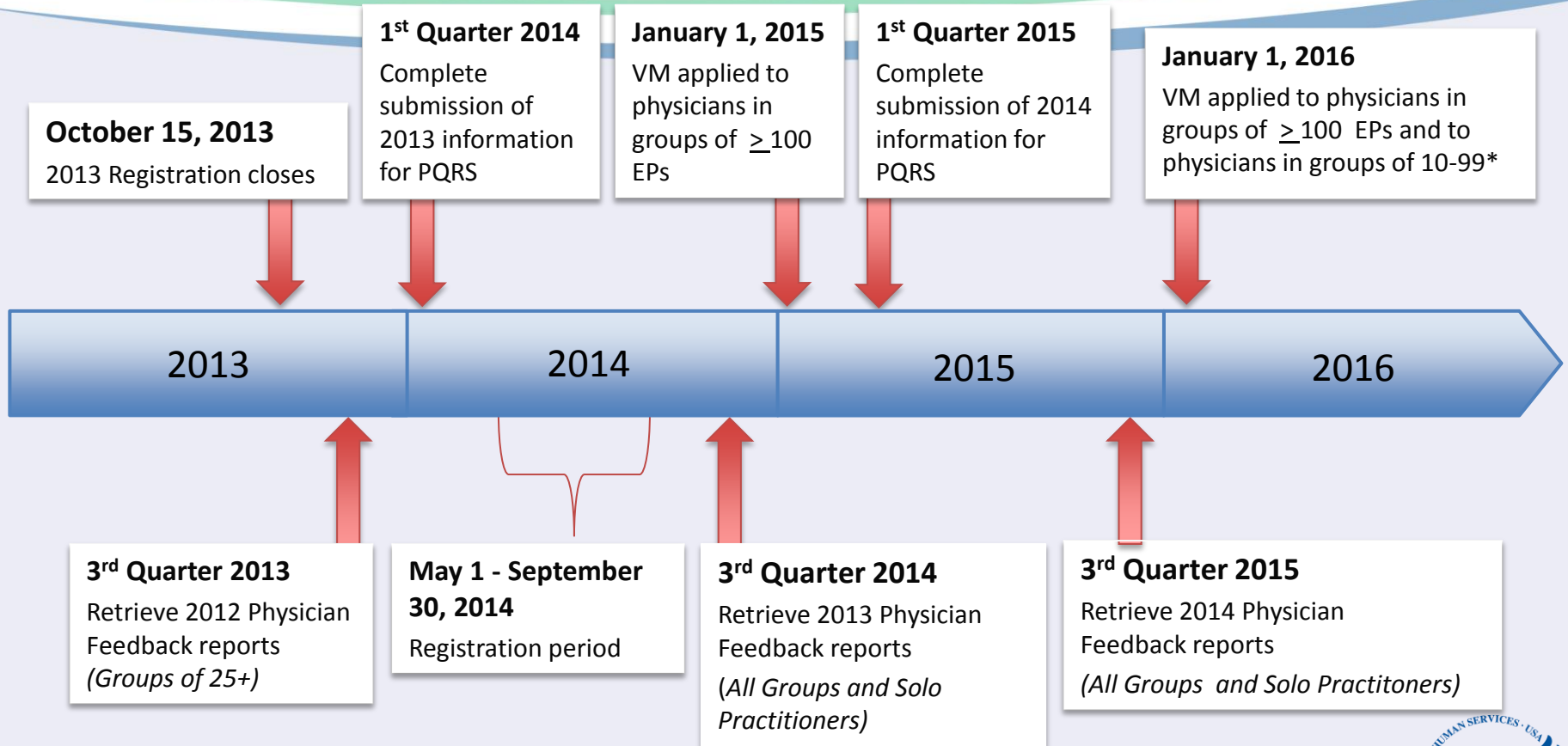
- Each group receives two composite scores (quality of care; cost of care), based on the group's standardized performance (e.g., how far away from the national mean)
- This approach identifies statistically significant outliers and assigns them to their respective cost and quality tiers

	Low cost	Average cost	High cost
High quality	+2.0x*	+1.0x*	+0.0%
Average quality	+1.0x*	+0.0%	-0.5%
Low quality	+0.0%	-0.5%	-1.0%

*Eligible for an additional +1.0x if :

- Reporting quality measures via the web based interface or registries
- AND**
- Average beneficiary risk score in the top 25% of all beneficiary risk scores

Timeline for VM



*Indicates a CMS proposed rule which is not yet finalized

Actions for Groups of 100+ Eligible Professionals for the 2015 VM

1. Obtain an Individuals Authorized Access to the CMS Computer Services (IACS) account with the appropriate group role in the Physician Value-Physician Quality Reporting (PV-PQRS) System. Approval takes at least 24 hours, so DO NOT WAIT until October 15, 2013 to begin the process.
2. Register as a GROUP in the PV-PQRS System by October 15, 2013 by selecting 1 of the 3 group reporting mechanisms:
 - Web interface
 - CMS-qualified registry
 - Administrative claims

Note: Groups whose physicians participate as individuals in PQRS must self nominate as a group and elect administrative claims for the VM
3. Determine whether to elect the quality-tiering approach to calculate the VM. Make this election when the group selects its PQRS reporting mechanism.

Approaching 2013 PQRS and VM Milestones

PQRS and VM Milestone: September 16, 2013



2012 Quality and Resource Use Reports (QRURs) will be available for group practices with 25 or more EPs



PQRS and VM Milestone: October 15, 2013

- Last day for groups to **register to participate in GPRO** for the 2013 PQRS program year via Web Interface or registry reporting
- Last day for individuals and groups participating in the GPRO to elect to participate in the **administrative claims-based reporting** mechanism to avoid a payment adjustment in 2015
- Last day for groups with 100 or more EPs to elect quality tiering to calculate the Value Modifier for CY 2015. Quality tiering is optional for CY 2015.

PQRS and VM Milestone: December 31, 2013



Reporting for the 2013 PQRS program year ends for both group practices and individuals



PQRS and VM Milestone: February 28, 2014

- Last day to submit 2013 PQRS data through some reporting methods
 - deadline for submission of PQRS data varies by reporting method, but all methods require data to be submitted by end of first quarter in 2014)
- Last day to submit CQMs for the PQRS-Medicare EHR Incentive Program Electronic Reporting Pilot
- Last day that 2013 claims will be processed to be counted for PQRS reporting

Preparing for 2013 Deadlines

Preparing for October 15: IACS Account Needed

Step 1: Get an IACS Account or Modifying an Existing Account

- In order for group practices to select their 2013 PQRS reporting mechanism and for individual EPs to select the administrative-claims based reporting mechanism to avoid the 2015 PQRS payment adjustment, representatives of groups and individual EPs are required to have an IACS account with an appropriate PV-PQRS System role.

Why?

- An IACS account is required to access the PV-PQRS System

Who needs to do it?

- Representatives of group practices and individual EPs need to get a new IACS account with a PV-PQRS System role, or modify an existing IACS account to add a PV-PQRS System role as soon as possible at: <https://applications.cms.hhs.gov/>.

IACS Overview

- ❑ Users are limited to 1 account per person
 - An existing IACS account cannot be transferred to another individual
 - An account can be associated with multiple group practices (Taxpayer Identification Number (TIN)) or individual EPs (TIN/National Provider Identifier (NPI))

- ❑ If you have an existing IACS account:
 - Ensure your account is still active → Contact the Quality Net Help Desk
 - Must add a PV-PQRS System role to your account

- ❑ In order to access the PV-PQRS System:
 - One authorized representative of the group practice must have an IACS account with the *primary Group Security Official* role
 - One authorized representative of the EP must have an IACS account with the *primary Individual Approver* role

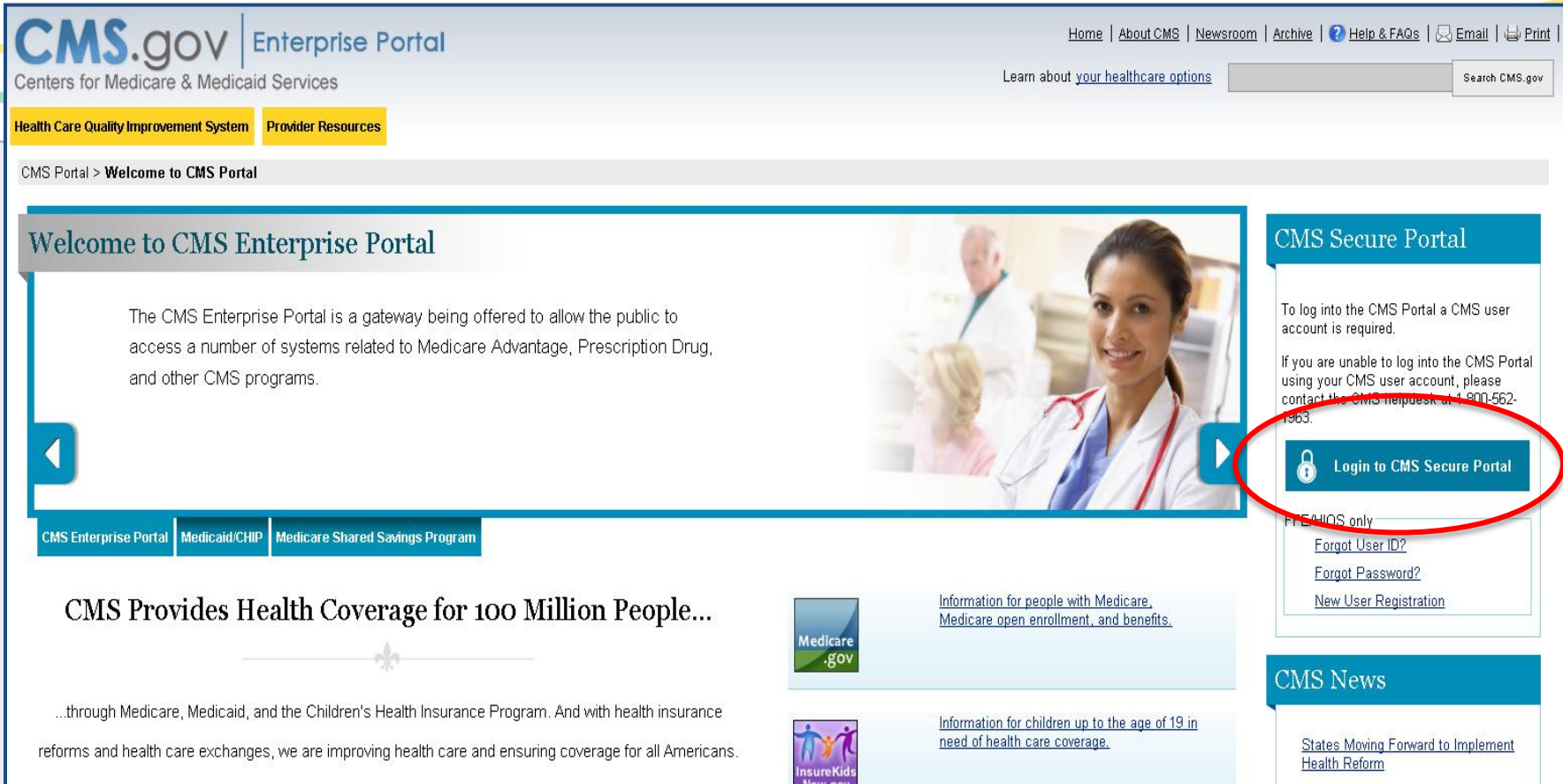
Preparing for October 15: PV PQRS System

Step 2: PV-PQRS Registration

- Once you have an IACS account with the appropriate PV-PQRS System role, you can register the group or individual EP in the PV-PQRS System
- The PV-PQRS System is an application to serve the PQRS and Physician Value Modifier programs
- The PV-PQRS System is open until October 15 for:
 - Representatives of group practices to select/change the groups' PQRS reporting mechanism for CY 2013
 - Groups with 100 or more EPs to elect quality tiering to calculate the Value Modifier for CY 2015. Quality tiering is optional for CY 2015.
 - Individual EPs to select the CMS-calculated administrative claims reporting mechanism in CY 2013 in order to avoid the PQRS negative payment adjustment in CY 2015

Before October 15, 2013, go to <https://portal.cms.gov/>

Accessing the PV-PQRS System



The screenshot shows the CMS.gov Enterprise Portal. At the top left is the CMS.gov logo and 'Enterprise Portal' text. Below it are navigation links: Home, About CMS, Newsroom, Archive, Help & FAQs, Email, and Print. A search bar is on the right. Below the navigation is a yellow banner with 'Health Care Quality Improvement System' and 'Provider Resources'. The main content area has a 'Welcome to CMS Enterprise Portal' heading and a video player showing a doctor. To the right is a 'CMS Secure Portal' section with a 'Login to CMS Secure Portal' button circled in red. Below the video are links for 'CMS Enterprise Portal', 'Medicaid/CHIP', and 'Medicare Shared Savings Program'. At the bottom, there are sections for 'CMS Provides Health Coverage for 100 Million People...' with links to Medicare.gov and InsureKids, and a 'CMS News' section with a link to 'States Moving Forward to Implement Health Reform'.

Go to <https://portal.cms.gov> and select **Login to CMS Secure Portal** and accept the Terms and Conditions.

Accessing the PV-PQRS System

Health Care Quality Improvement System Provider Resources


Welcome to CMS Enterprise Portal

To log into the CMS Portal a CMS user account is required.

If you are unable to log into the CMS Portal using your CMS user account, please contact the CMS helpdesk at 1-800-562-1963.

User ID

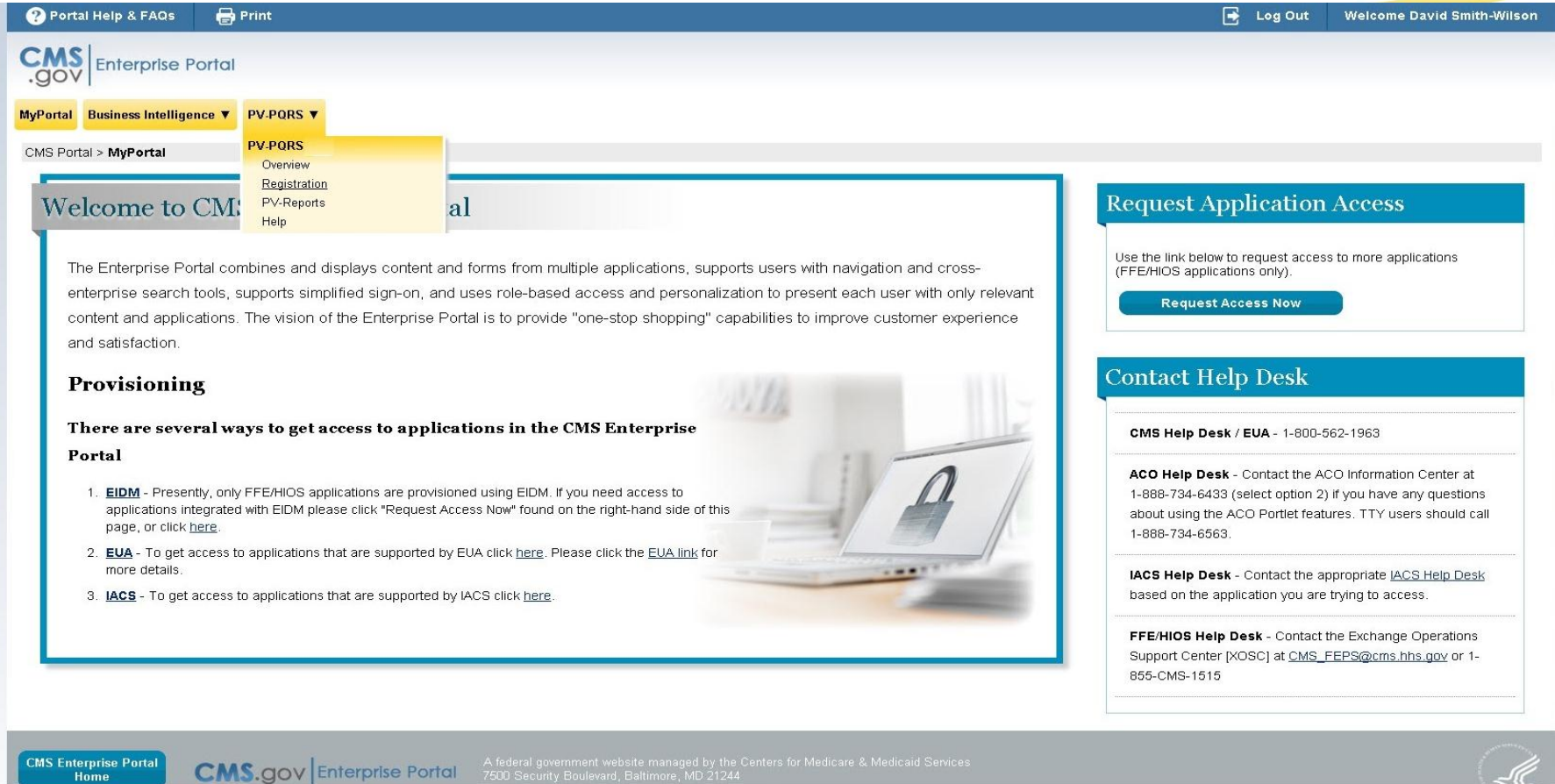
Password



[Forgot Password?](#)
[Forgot User ID?](#)
Need an account? Click the link - [New user registration](#)

Enter the **IACS User ID & Password** and click **Login**.

Accessing the PV-PQRS System



The screenshot shows the CMS Enterprise Portal interface. At the top, there is a navigation bar with links for 'Portal Help & FAQs', 'Print', 'Log Out', and 'Welcome David Smith-Wilson'. Below this is the 'CMS.gov Enterprise Portal' header. A navigation menu on the left includes 'MyPortal', 'Business Intelligence', and 'PV-PQRS'. The 'PV-PQRS' dropdown menu is open, showing options for 'Overview', 'Registration', 'PV-Reports', and 'Help'. The main content area features a 'Welcome to CMS' message and a section titled 'Provisioning' with the heading 'There are several ways to get access to applications in the CMS Enterprise Portal'. This section lists three methods: EIDM, EUA, and IACS. To the right, there are two sidebars: 'Request Application Access' with a 'Request Access Now' button, and 'Contact Help Desk' with contact information for CMS, ACO, IACS, and FFE/HIOS help desks. The footer contains the CMS logo, the text 'CMS.gov Enterprise Portal', and the address 'A federal government website managed by the Centers for Medicare & Medicaid Services, 7500 Security Boulevard, Baltimore, MD 21244'.

Select the **PV-PQRS** tab at the top of the screen, and then select **Registration** from the dropdown menu.

Groups and Individuals Who Do Not Have to Register through the PV-PQRS System?

- Group practices that participate in the Medicare Shared Savings Program
- Group practices that **only** provide care to Medicare beneficiaries who are enrolled in a Medicare Advantage plan
- Group practices that only practice in a Rural Health Clinic
- Group practices that only practice in a Federally Qualified Health Center
- Group practices that only practice in a Critical Access Hospital (using method II billing)
- Individual EPs who want to participate in the PQRS in 2013 using a participating registry, claims, or electronic health records (EHRs)

Self-nominated Group Practices

Group practices that self-nominated during December 1, 2012 to January 31, 2013 do not need to register again in the PV-PQRS Registration System, UNLESS the group wants to:

- Change its 2013 PQRS reporting mechanism
- Select the CMS-calculated administrative claims reporting mechanism
- Elect quality tiering to calculate the Value-based payment modifier (groups of 100+)

Next Steps

- Register for an IACS account or modify an existing account as soon as possible at: <https://applications.cms.hhs.gov/>
- Access PV-PQRS Registration System using your IACS User ID and password by **October 15, 2013** to:
 1. Select/change your PQRS group reporting mechanism for 2013
 2. If the group practice has 100 or more EPs, the group can exercise the option to elect quality-tiering to calculate the Value-Based Payment Modifier in 2015
 3. EPs and groups can select the CMS-calculated administrative claims reporting mechanism in 2013 in order to avoid the PQRS negative payment adjustment in 2015

Resources and Help Desk Information

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>

Value-Based Payment Modifier Program:

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

Quick reference guides for obtaining PV-PQRS System roles in IACS and for registering in the PV-PQRS System : <http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeedbackProgram/Self-Nomination-Registration.html>

Questions?

- ❑ For questions or assistance with reporting contact the QualityNet Help Desk

- ❑ The QualityNet 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

- ❑ For questions related to participating in the PQRS-Medicare EHR Incentive Program Electronic Reporting Pilot contact the EHR Information Center

- ❑ The EHR Information Center is available **Monday–Friday; 7:30 AM – 6:30 PM CST.**
Phone: 1-888-734-6433
TTY: 888-734-6563