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2015 PQRS and Value Based Payment Modifier A brief overview

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What is PQRS?

- Physician Quality Reporting System
 - Reporting period is the CY
- Promotes reporting of quality data from eligible providers (EP) to CMS
 - Identify areas for quality improvement
 - “Pay for Performance” via Quality Tiering

Who should report PQRS?

- Any provider who has Medicare Part B claims should report PQRS
- PQRS eligible providers include physicians, NP, PA, therapists, dieticians, social workers, etc

Is PQRS mandatory?

- Yes – any EP that does not successfully report PQRS will receive a negative payment adjustment of -2%
 - Payment adjustments are applied 2 years after the reporting year
 - 2014 was the last year to report to receive an incentive

How do I report PQRS?

Individual

- Claims-based
- PQRS Registry
- Direct EHR
- Data Submission Vendor
- Clinical Quality Data Registry

GPRO

- PQRS Registry
- Direct EHR
- Data Submission Vendor
- Clinical Quality Data Registry
- Web Interface (groups 25+)
- CG-CAHPS survey (plus one reporting method from the list)

What is required to report?

- 9 measures that cover 3 NQS domains for at least 50% of all Medicare Part B beneficiaries
- Must include 1 cross-cutting measure
- Must have a performance rate of greater than 0%

What is required to report?

- Via PQRS registry only – Measures Group for a 20 patient sample
- Web Interface – Populate missing data for 248 beneficiaries

PQRS myths debunked!

- PQRS **is not satisfied** by MU attestation of CQMs
- PQRS **is mandatory** (if you don't want a penalty)
- PQRS is a **year long activity** and must be planned for

What is the Value Based Payment Modifier

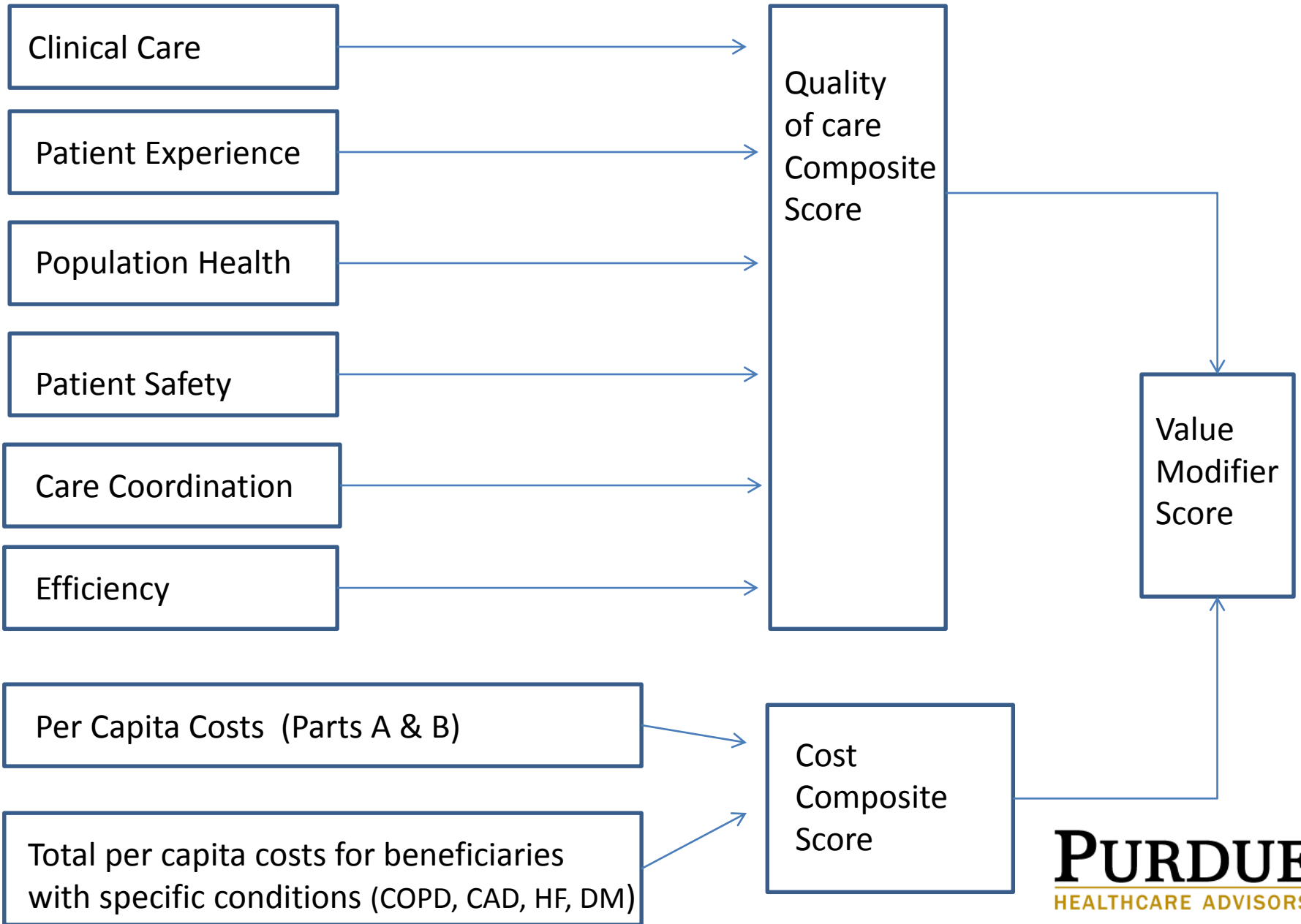
- VM assesses both quality of care (PQRS reporting) and cost of care (cost reporting)
- Groups may be eligible for a upward, neutral, or downward payment adjustment via Quality Tiering
- Payment Adjustment varies by calendar year
- VM adjustments are applied only to physicians

Value Based Payment Modifier

- VBPM allows for 2 opportunities to receive a payment adjustment
 1. Automatic -2% negative payment adjustment for not reporting PQRS
 2. Positive, Negative, or Neutral Adjustment based on Quality Tiering
- *VBPM payment adjustments are in addition to the PQRS payment adjustment

Quality Tiering

- Quality-tiering will determine if a group's performance is better, the same, or worse than their peers and identifies statistically significant outliers
- Based on quality of care (PQRS) and cost of care measures
- Is the analysis used to determine the type of adjustment (upward, downward or neutral) and the range of adjustment based on performance
- All groups and solo EPs will undergo quality-tiering analysis for 2017 VM (based on 2015 reporting



Quality Tiering Payment Adjustment



- Solo EPs and groups of 2-9 are subject to an upward or neutral adjustment based on QT
 - 0.0% - +2.0x
- Groups of 10+ are subject to an upward, neutral, or downward payment adjustment based on QT
 - -4.0% - +4.0x

Payment Adjustments Based on Quality Tiering for Solo EPs and Groups 2-9 EPs

| | Low Quality | Average Quality | High Quality |
|--------------|-------------|-----------------|--------------|
| Low Cost | 0.0% | +1.0x | +2.0x |
| Average Cost | 0.0% | 0% | +1.0 |
| High Cost | 0.0% | 0.0% | 0% |

Payment Adjustments Based on Quality Tiering for Groups 10+ EPs

| | Low Quality | Average Quality | High Quality |
|--------------|-------------|-----------------|--------------|
| Low Cost | 0% | +2.0x | +4.0x |
| Average Cost | -2.0% | 0% | +2.0x |
| High Cost | -4.0% | -2.0% | 0% |

Planning for PQRS Reporting in 2015

- Access your Quality Resource Use Report (QRUR)
- Choose PQRS measures that fit your reporting goals
- Work with your vendor (EHR, Registry, etc)
- Keep up to date with CMS
 - National Provider Calls
 - Email Blasts

Questions?



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