

# *Are You Planning for 2016 PQRS?*

**May 18, 2016 – 1–2 pm MDT**

**Presented by:**  
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HTS, a department of Mountain–Pacific  
Quality Health Foundation

# Welcome!!!

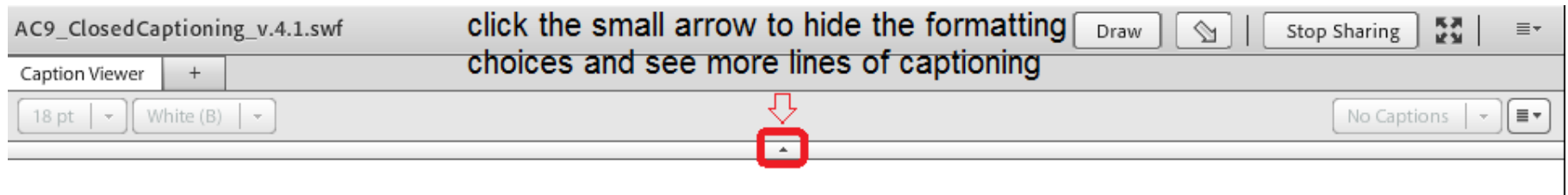
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- You can put questions in the chat box or wait for open microphone time at the end.
- A link to both presentation slides and recording on our website will be sent to attendees following the webinar today.
- Your feedback is greatly appreciated and can be provided via the post-webinar survey.



thank  
you!

# Closed Captioning

- Closed captioning will appear under today's presentation. To see more lines of captioned text, click the small arrow below.



- Health Technology Services (HTS) is a department of Mountain–Pacific Quality Health (MP). M–P is the QIN/QIO for MT/WY/AK/HI.
- We can help to:
  - Simplify and streamline quality reporting requirements
  - Stay current on changing regulations for Meaningful Use, PQRS, MACRA, QPP etc.
  - Simplify HIPAA compliance
  - Advance and leverage your EHR usage to advance care delivery
  - Enhance patient engagement and satisfaction
  - Improve health outcomes to maximize value based performance payments

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- ❑ *This presentation was current at the time it was published or uploaded onto the web. Medicare policy changes frequently so links to the source documents have been provided within the document for your reference.*
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# Session Presenter

Sarah Leake



**Sarah Leake, MBA, CPEHR**

Health Technology and Quality Consultant  
HTS, Mountain-Pacific Quality Health



# Goals for today!

- Understand the changes and requirements for 2016 PQRS and Value Modifier Reporting
- Review Group vs Individual Reporting
- Key Considerations in PQRS Planning
- The Near Future
- Key Tasks List and where you should be in 2016 PQRS reporting
- *This webinar will not be looking at the various reporting mechanisms and details of submitting PQRS Measures.*

# 2016 PQRS Overview and Changes



# Performance/Payment Year Adjustments

- 2014 performance year → 2016 payment year
- 2015 performance year → 2017 payment year
- 2016 performance year → 2018 payment year
  - Last adjustment under current PQRS/VM
- Starting 2017 performance year → 2019 payment year...
  - Payment adjustments for quality reporting and other factors will be made under MIPS, as required by MACRA

**Quality Payment Program**

# CMS Programs and Eligibility

	PQRS		Value Modifier		EHR Incentive Program		
	Eligible for Incentive	Subject to Payment Adjustment	Included in Definition of "Group" (1)	Subject to VM (2)	Eligible for Medicare Incentive (3)	Eligible for Medicaid Incentive (4,5)	Subject to Medicare Payment Adjustment (7,8)
<b>Medicare Physicians</b>							
Doctor of Medicine	X	X	X	X	X	X	X
Doctor of Osteopathy	X	X	X	X	X	X	X
Doctor of Podiatric Medicine	X	X	X	X	X		X
Doctor of Optometry	X	X	X	X	X		X
Doctor of Oral Surgery	X	X	X	X	X	X	X
Doctor of Dental Medicine	X	X	X	X	X	X	X
Doctor of Chiropractic	X	X	X	X	X		X
<b>Practitioners</b>							
Physician Assistant	X	X	X	X		X (6)	
Nurse Practitioner	X	X	X	X		X	
Clinical Nurse Specialist	X	X	X	X			
Certified Registered Nurse Anesthetist (10)	X	X	X	X			
Certified Nurse Midwife	X	X	X			X	
Clinical Social Worker	X	X	X				
Clinical Psychologist	X	X	X				
Registered Dietician	X	X	X				
Nutrition Professional	X	X	X				
Audiologists	X	X	X				
<b>Therapists</b>							
Physical Therapist	X	X	X				
Occupational Therapist	X	X	X				
Qualified Speech-Language Therapist	X	X	X				

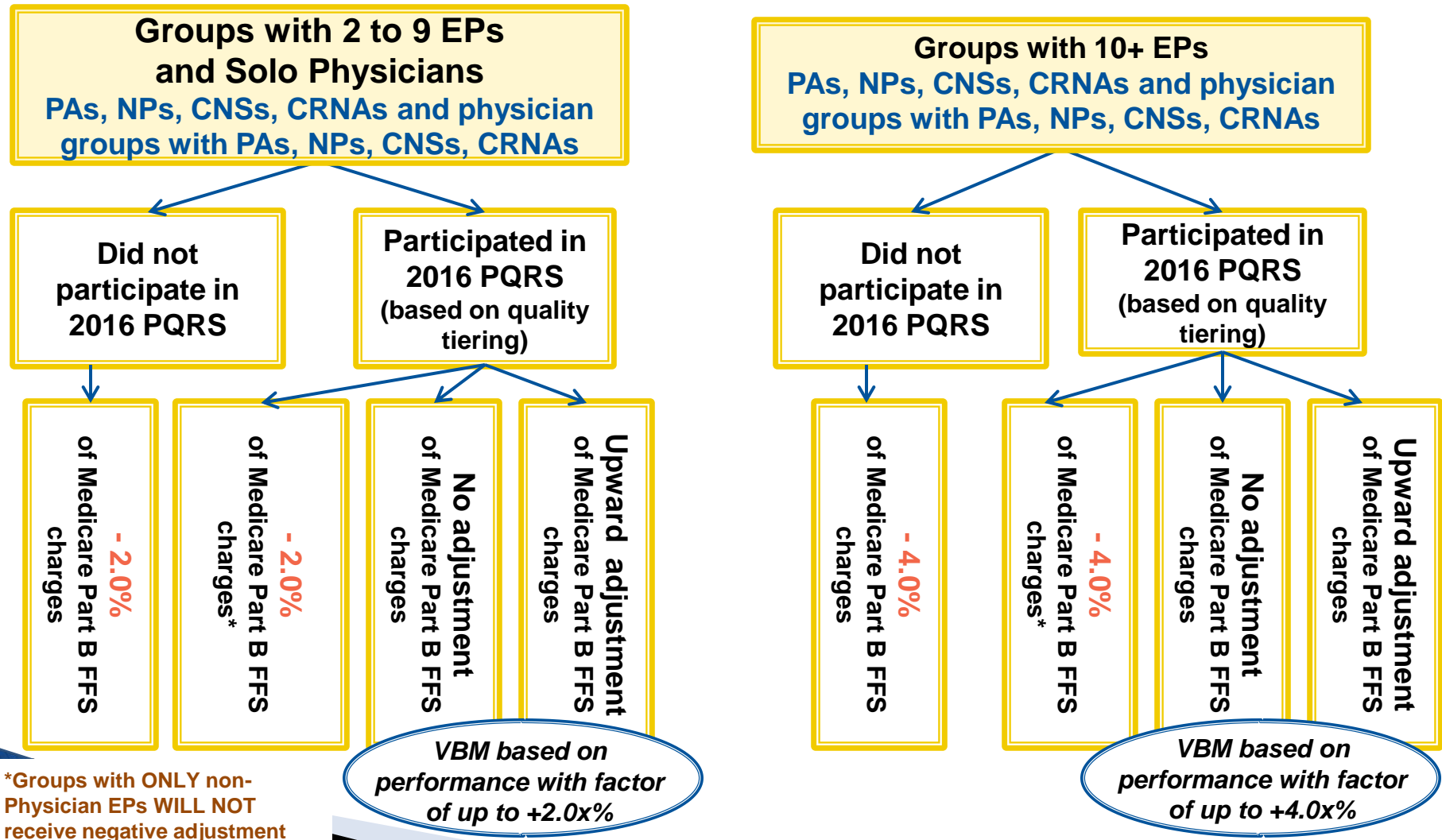
[https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/Downloads/2016\\_PQRS\\_List\\_of\\_EPS.pdf](https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/Downloads/2016_PQRS_List_of_EPS.pdf)

# Tips on Checking Eligibility

- Determine if you bill Medicare Part B PFS. (CMS1500 or CMS1450 at NPI Level).
- Review Eligibility List (on previous slide)  
[https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/Downloads/2016\\_PQRS\\_List\\_of\\_EPs.pdf](https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/Downloads/2016_PQRS_List_of_EPs.pdf)
- Determine who is billed under your TIN
  - Look at QRUR 2015 Mid Year Report. These are the providers that CMS is considering eligible if they are listed and report measures.
- **CAH-II Reporting for PQRS** – CMS has packaged several documents containing information that is relevant to Critical Access Hospitals (CAHs) billing under Method II in relation to 2014, 2015, and 2016 PQRS.
- Go to MLN Matters Link to Guidance on the Physician Quality Reporting System <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/SE1606.pdf>

# Value Modifier Payment Adjustments for Eligible Professionals in 2018

(Based on 2016 Quality and Cost Data)

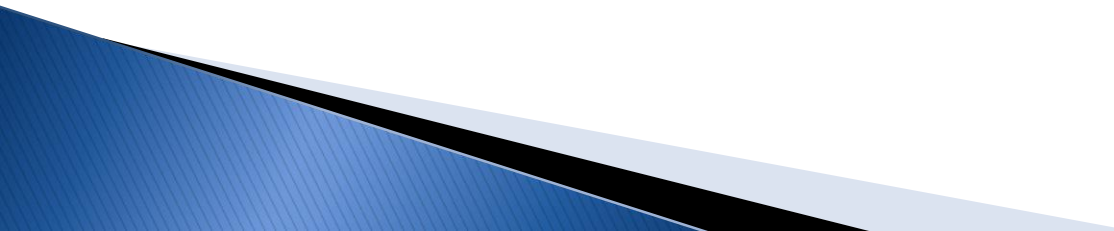


**NOTE: In addition to PQRS 2% adjustment for not reporting successfully!**

# Value Modifier

- Groups and solo practitioners subject to upward, neutral or downward adjustments derived under quality–tiering methodology
  - Exception: Groups consisting of only nonphysician EPs and solo practitioners who are nonphysician EPs held harmless from downward adjustments under quality–tiering methodology in CY 2018 **unless they do not satisfactorily report!**
- VM waived if at least one EP billed for PFS items and services under TIN during 2016 year in Pioneer ACO Model, Comprehensive Primary Care Initiative (CPCI) or other similar innovation center models

# What's New in 2016?

- In 2016, 281 individual measures for PQRS; 23 cross-cutting measures
  - Added 3 new measures groups: Multiple Chronic Conditions; Cardiovascular Prevention (Million Hearts); and Diabetic Retinopathy (total of 25 Measure Groups)
  - Adding the Qualified Clinical Data Registry (QCDR) reporting option for GPRO in 2016
  - 18 Measures for GPRO Web Interface (17 measures in 2015)
- 



# Methods for Reporting

## Reporting Methods for 2016

METHOD	Individual	Group 2-24	Group 25-99	Group 100+
Claims	X			
Registry Individual Measures	X	X	X	X
Registry Measures Group	X			
Certified EHR or Direct Submission Vendor	X	X	X	X
Qualified Clinical Data Registry (QCDR)	X	X	X	X
GPRO Web Interface			X	X
Certified CG CAHPS Survey Vendor	N/A	Optional	Optional	Mandatory

# Identify Requirements for Measure Reporting

Criteria for 2015	Registry	EHR
No of Measures	9	9
No of Domains	3	3
Exception to # Measures & Domains	No	Yes, report those measures that have Medicare data
Subject to MAV	Yes	No
Cross Cutting Measure Required	Yes	No
% of Medicare Beneficiaries Required	Measures must have at least 50% of Medicare Part B FSS patients	Must have at least one measure with Medicare data
Full Year Reporting	Yes	Yes
Satisfy Meaningful Use	No	*Yes

# 2016 Measure Groups

- A measure group is defined as a subset of 6 or more PQRS measures that have a particular clinical condition or focus in common
- All applicable measures within the group must be reported for all patients in the sample seen by the EP during the reporting period

Diabetes	Chronic Kidney Disease	Preventive Care	Coronary Artery Bypass Graft	Rheumatoid Arthritis
Acute Otitis Externa (AOE)	Cataracts	Hepatitis C	Heart Failure	Coronary Artery Disease
Optimizing Patient Exposure to Ionizing Radiation	HIV/AIDS	Asthma	Chronic Obstructive Pulmonary Disease	Inflammatory Bowel Disease
Sleep Apnea	Dementia	Parkinson's Disease	Sinusitis	Multiple Chronic Conditions ★
Cardiovascular Prevention (Million Hearts) ★	Oncology	Total Knee Replacement	General Surgery	Diabetic Retinopathy ★

# Specialty Measure Sets

- CMS collaboration with Specialty Societies on Measure Sets
- Measures accurately reflect a particular clinical area.
- Not required measures—a Guide to selection
- The following were established in 2015:
  1. Cardiology
  2. Emergency Medicine
  3. Gastroenterology
  4. General Practice/Family
  5. Internal Medicine
  6. Multiple Chronic Conditions
  7. Obstetrics/Gynecology
  8. Oncology/Hematology
  9. Ophthalmology
  10. Pathology
  11. Radiology
  12. Surgery
- CMS is adding the following specialty measure sets in 2016:
  1. Dermatology
  2. Physical Therapy/Occupational Therapy
  3. Mental Health
  4. Hospitalist
  5. Urology

# PQRS Web –Based Measure Tool

- **New for 2016 PQRS:** The "2016 PQRS Individual Measure Specifications for Claims and Registry Reporting" can be viewed on the [PQRS Web–Based Measure Search Tool](#).

**CMS.gov** | Physician Quality Reporting System

PQRS HomeExplore dataHelp

Search by Keyword

Filter Options

Measure Number

Reporting Method

NQS Domain

Measure Steward

Cross cutting

SEARCH

RESET

BACK TO RESULTS

Initiation and Engagement of Alcohol and Other Drug Dependence Treatment

Percentage of patients 13 years of age and older with a new episode of alcohol and other drug (AOD) dependence who received the following. Two rates are reported. a. Percentage of patients who initiated treatment within 14 days of the diagnosis. b. Percentage of patients who initiated treatment and who had two or more additional services with an AOD diagnosis within 30 days of the initiation visit.

<b>Measure Number</b> NQF: 0004 PQRS: 305	<b>Measure Steward</b> National Committee for Quality Assurance	<b>Cross-cutting Measure</b> No	<b>NQS Domain</b> Effective Clinical Care
<b>Measure Type</b> Process	<b>Reporting Method</b> EHR	<b>Measures Groups</b> -	<b>Use in Other Reporting Programs</b> Meaningful Use II

# PQRS Project Considerations



# What is the EHR capability for reporting PQRS Measures?

- What methods are available for Reporting out of the EHR?
- Does Vendor support EHR Direct or Direct Vendor Submission method?
- What measures are available for each Method?
- Do you have the specific software modules to report PQRS measures in the QRDA Format?
- Can the EHR report the entire year of CQM Data?

*Using the EHR for Reporting is Encouraged!*



# CQM vs eCQM – what's the difference?

- Additional set of measures defined by CMS to measure quality.
- Reported through Meaningful Use attestation.
- Must use CEHRT to generate CQM report and submit data to CMS (CMS defined data elements)
- Same set of measures, but not all are available to report electronically.
- CMS defined data elements
- Use CEHRT to generate CQM report, extract into QRDA format and upload electronically to CMS portal.

Clinical Quality Measure

Electronic Clinical Quality Measure

[eCQMs for eReporting for the 2016 Reporting Period](#)

# Registry Vendor Selection

- Vendor Sites have helpful Information
  - Steps for Reporting, Videos on Uploading Data
  - Requirements specific to them
- Good Vendors are experienced at Registry Reporting
  - TIPS, Ask Questions, Interview them, Learn from them!
  - HAVE a DEFINED Schedule – WATCH FOR THIS!
- Review Vendor on the [2016 PQRS Qualified Registries List](#)
  - Does the Vendor report Measure Group, Individual Measures or both?
  - Do they support GPRO?
  - What are ACTUAL services offered and Cost?

# Align with your Quality Goals and Reporting Initiatives

- *Combining PQRS reporting with other health care programs will reduce administrative burden and help focus quality initiative energy and resources*

- *Million Hearts*
- *Performance Improvement Network*
- *National Diabetes Prevention Program*
- *Centers for Disease Control and Prevention*
- *Accountable Care Organizations*
- *Quality Improvement Organizations*



# Why review the Quality Resource and Use Reports (QRURs) ?

- The Quality Resource Use Reports (QRURs) are a tool for analysis as part of the CMS Physician Quality and Value Based Program
- Provides comparative information about the **Quality of Care** and **Cost of the Care** delivered to Physicians Medicare Fee-for-Service Patients
- CMS will use the performance scores used in calculating the value-based payment modifier (VBM) to apply differential payment to a physician or group of physicians under the Medicare Physician Fee Schedule (PFS).



# Consider the Value Modifier Quality and Cost Performance Components

## Quality

Performance Category	Measure Number	Measure Name
Hospitalization Rate per 1,000 Beneficiaries for Ambulatory Care Sensitive Conditions	CMS-1	Acute Conditions Composite
	-	Bacterial Pneumonia
	-	Urinary Tract Infection
	-	Dehydration
	CMS-2	Chronic Conditions Composite
	-	Diabetes (composite of 4 indicators)
	-	Chronic Obstructive Pulmonary Disease (COPD) or Asthma
	-	Heart Failure
Hospital Readmissions	CMS-3	All-Cause Hospital Readmissions

## Cost

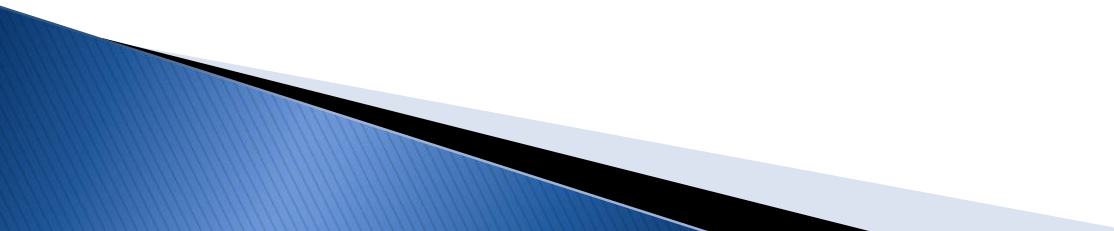
Performance Category	Cost Measure
Per Capita Costs for All Attributed Beneficiaries	Per Capita Costs for All Attributed Beneficiaries
	Medicare Spending per Beneficiary
Per Capita Costs for Beneficiaries with Specific Conditions	Diabetes
	Chronic Obstructive Pulmonary Disease (COPD)
	Coronary Artery Disease (CAD)
	Heart Failure

*Look at these Conditions as Areas of Concentration for PQRS:*  
***Diabetes, COPD/Asthma, Heart Failure, CAD***

Example from: **Review of the 2014 Mid-Year Quality and Resource Use Reports**  
June 3, 2015, CMS Medicare Learning Network



# Mid-Year QRUR

- For information on the Mid-Year QRUR: [2015 QRUR and 2017 Value Modifier](#)
  - Access 2015 Mid-Year QRUR at [CMS Enterprise Portal](#) using EIDM account with correct role
  - For information about obtaining Mid-Year QRUR: [How to Obtain a QRUR](#)
- 

# Choose Correct Measure Specs

- Caution: Use the Measure Specifications for the Specific Method of Reporting

Medicare

Medicaid/CHIP

Medicare-Medicaid Coordination

Private Insurance

Innovation Center

Regulations & Guidance

Research, Statistics, Data & Systems

Outreach & Education

Home > Medicare > Physician Quality Reporting System > Measures Codes

Physician Quality Reporting System

[Spotlight](#)

[How To Get Started](#)

[CMS Sponsored Calls](#)

[Statute Regulations Program Instructions](#)

[ICD-10 Section](#)

Measures Codes

[Registry Reporting](#)

[Electronic Reporting Using an Electronic Health Record \(EHR\)](#)

[CMS-Certified Survey Vendor](#)

[Qualified Clinical Data Registry Reporting](#)

[Group Practice Reporting Option](#)

[GPRO Web Interface](#)

## Measures Codes

The Measures Codes webpage contains information about Physician Quality Reporting System (PQRS) measures, including detailed specifications and related release information. This page also contains other measures-related information for healthcare professionals (EPs) for reporting the PQRS measures through the Physician Quality Reporting System (PQRS).

### Selecting Measures for 2016 PQRS

At a minimum, the following factors should be considered when selecting measures for 2016 PQRS:

- Clinical conditions usually treated
- Types of care typically provided – e.g., preventive, chronic
- Settings where care is usually delivered – e.g., office, ambulatory
- Quality improvement goals for 2016
- Other quality reporting programs in use or being considered

### 2016 Cross-Cutting Measures Requirement

In order to satisfactorily report PQRS measures, individual EPs must report at least one (1) cross-cutting measure if they have at least one (1) Medicare or Medicaid patient. A cross-cutting measure is defined as a measure that is broadly applicable across all Medicare and Medicaid Services (CMS) defines a face-to-face encounter.

The following resources are available when trying to determine which 2016 PQRS quality measures to report and understand the basics on how to report:

- [2016 PQRS Claims Reporting Made Simple](#) – This beginner-level resource describes claims-based reporting and outlines steps EPs should take prior to participating in 2016 PQRS.
- [2016 PQRS Claims Based-Coding and Reporting Principles](#) - This beginner-level resource provides detailed instructions for EPs participating in 2016 PQRS via claims, including coding tips and reporting guidance.
- [2016 PQRS Measures List](#) – Identifies and describes the measures used in PQRS, including all available reporting mechanisms, corresponding PQRS number and National Quality Forum (NQF) number, National Quality Strategy (NQS) domains, plus measure developers and their contact information.
- **New for 2016 PQRS:** The "2016 PQRS Individual Measure Specifications for Claims and Registry Reporting" can be viewed on the [PQRS Web-Based Measure Search Tool](#). This is a measures list tool that EPs can use to search for measures to report for 2016 PQRS. The web-based measures list tool allows users to search for measures using a number of criteria and then access detailed information about each measure, including measure specifications materials.

The following documents pertaining to the 2016 PQRS individual measures are included in the zip file titled [2016 PQRS Individual Claims Registry Measure Specifications](#).

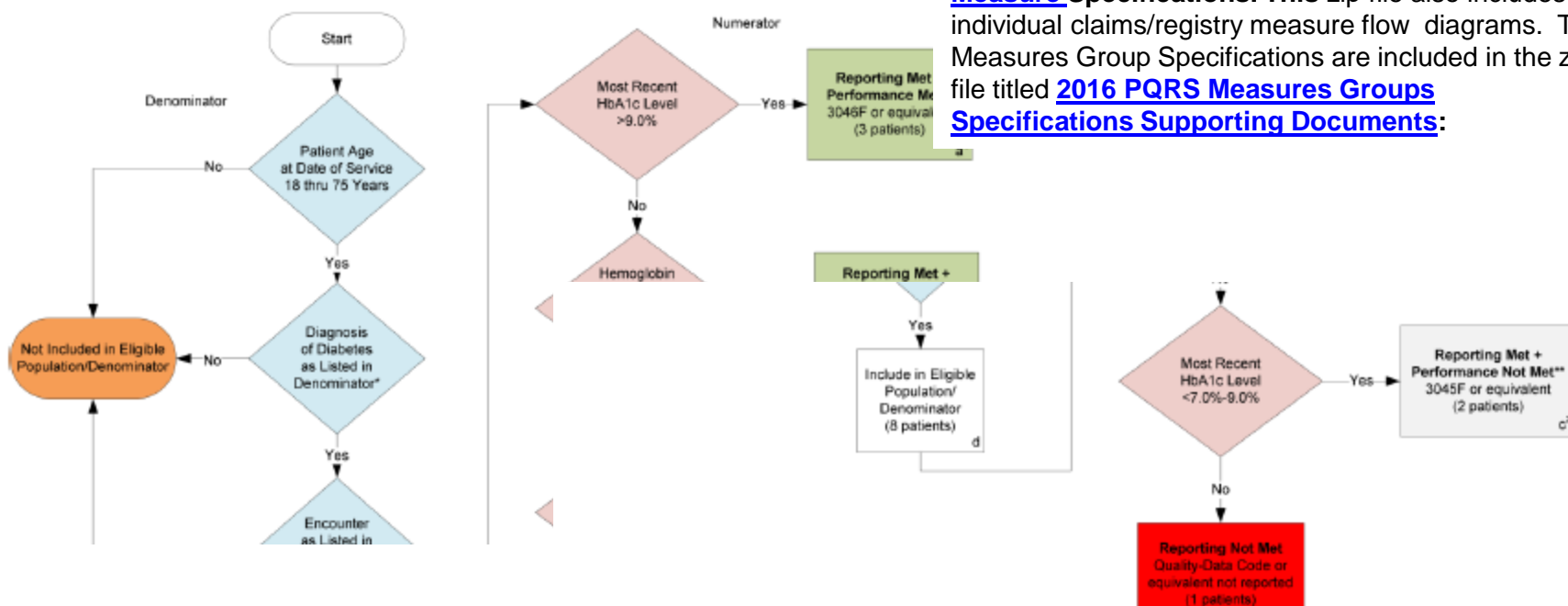
- **2016 Physician Quality Reporting System (PQRS) Individual Measure Specifications for Claims and Registry Reporting** – Documents that include reporting instructions, coding to identify the measure's intended patient population, and numerator options for the 2016 PQRS claims and/or registry-based reporting measures.
- **New for 2016 PQRS** - The "2016 PQRS Measure Flows" have been incorporated within the "2016 PQRS Individual Measure Specifications". Each measure flow is currently displayed after the individual measure specification as a visualization of the reporting and performance algorithm for each individual specification.

The following supporting documents pertaining to the 2016 PQRS individual measures are also helpful resources to supplement the "2016 PQRS Individual Measure Specifications":

- [2016 Physician Quality Reporting System \(PQRS\) Measure Specification and Measure Flow Guide for Claims and Registry Reporting of Individual Measures](#) – This document contains general guidance to better understand the "2016 PQRS Individual Measure Specifications and Measure Flows" for claims and registry reporting.

# Workflows and Sample Calculations of Measures – (EHR and Registry)

**2016 Claims/Registry Individual Measure Flow**  
**PQRS #1 NQF #0059: Diabetes Mellitus: Hemoglobin A1c Poor Control**



The Individual Measure Definitions are included in the zip file titled [2016 PQRS Individual Claims Registry Measure Specifications](#). This zip file also includes individual claims/registry measure flow diagrams. The Measures Group Specifications are included in the zip file titled [2016 PQRS Measures Groups Specifications Supporting Documents](#):

## SAMPLE CALCULATIONS:

### Reporting Rate=

Performance Met (a'+a''=5 patients) + Performance Not Met (c'+c''=2 patients) = 7 patients = 87.50%  
 Eligible Population / Denominator (d=8 patients) = 8 patients

### Performance Rate\*\*=

Performance Met (a'+a''=5 patients) = 5 patients = 71.43%  
 Reporting Numerator (7 patients) = 7 patients

\*See the posted Measure Specification for specific coding and instructions to report this measure.

A lower calculated performance rate for this measure indicates better clinical control and care.

NOTE: Reporting Frequency – Patient-intermediate

CPT only copyright 2015 American Medical Association. All rights reserved.  
 The measure diagrams were developed by CMS as a supplemental resource to be used in conjunction with the measure specifications. They should not be used alone or as a substitution for the measure specification.

# 2016 PQRS Educational Materials

- 2016 Implementation Guide

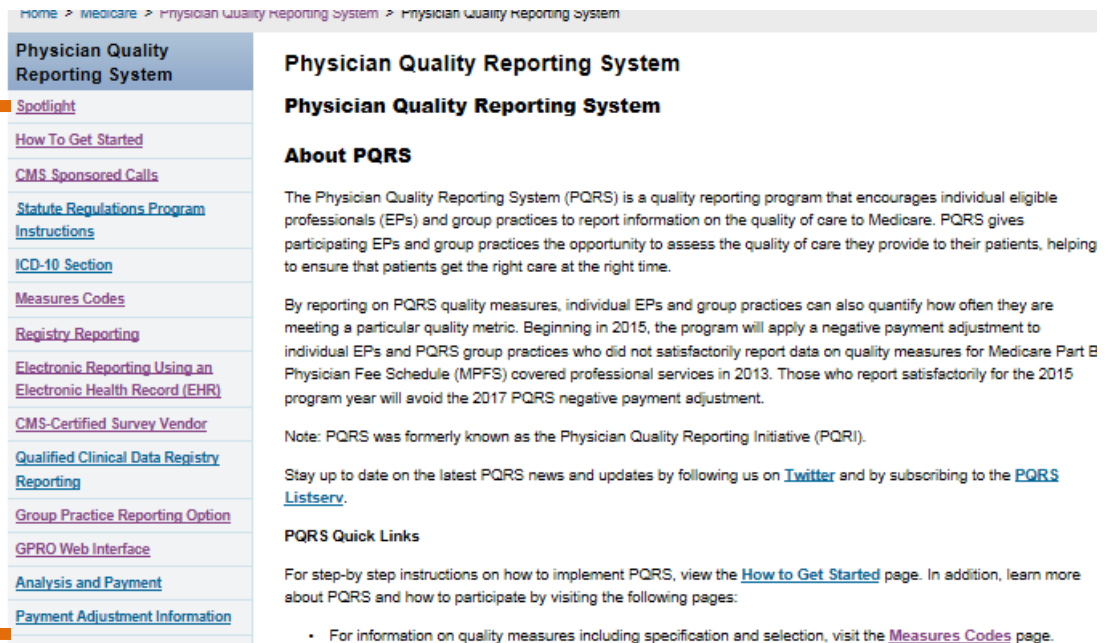
**Available:** [PQRS How To Get Started](#) webpage

Information for individual EPs and PQRS group practices participating in 2016 PQRS

- [2016 PQRS Measures Page](#)

**Available:** Measure Specifications for Claims, Registry, and Measures Groups, Measure Sets

2016 PQRS  
information  
under each Tab



Home > Medicare > Physician Quality Reporting System > Physician Quality Reporting System

## Physician Quality Reporting System

### Physician Quality Reporting System

#### About PQRS

The Physician Quality Reporting System (PQRS) is a quality reporting program that encourages individual eligible professionals (EPs) and group practices to report information on the quality of care to Medicare. PQRS gives participating EPs and group practices the opportunity to assess the quality of care they provide to their patients, helping to ensure that patients get the right care at the right time.

By reporting on PQRS quality measures, individual EPs and group practices can also quantify how often they are meeting a particular quality metric. Beginning in 2015, the program will apply a negative payment adjustment to individual EPs and PQRS group practices who did not satisfactorily report data on quality measures for Medicare Part B Physician Fee Schedule (MPFS) covered professional services in 2013. Those who report satisfactorily for the 2015 program year will avoid the 2017 PQRS negative payment adjustment.

Note: PQRS was formerly known as the Physician Quality Reporting Initiative (PQRI).

Stay up to date on the latest PQRS news and updates by following us on [Twitter](#) and by subscribing to the [PQRS Listserv](#).

#### PQRS Quick Links

For step-by-step instructions on how to implement PQRS, view the [How to Get Started](#) page. In addition, learn more about PQRS and how to participate by visiting the following pages:

- For information on quality measures including specification and selection, visit the [Measures Codes](#) page.

# PQRS 2016 Data Submission Timeline

- Last day Claims are Processed–2/24/2017
- Qualified Clinical Data Registry (QRDA) – 2/28/2017
- EHR Direct Submission – 2/28/2017
- EHR Direct Submission Vendor – 2/28/2017
- Qualified Clinical Data Registry (XML) – 3/31/2017
- Registry – 3/31/2017
- Group Practice Reporting Option (GPRO) Web Interface – First Quarter (exact dates pending)

[http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/Downloads/2015-17\\_CMS\\_PQRS\\_Timeline.pdf](http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/Downloads/2015-17_CMS_PQRS_Timeline.pdf)

# A Look at GPRO Reporting



# Group Reporting Options (GPRO)

- Registration now open and **closes June 30, 2016**
- Register using valid Enterprise Identity Management (EIDM) account
- Groups of 2 or more EPs can participate in PQRS using GPRO reporting methods
- You must register to use GPRO and indicate your submission method when you register
  - Qualified PQRS Registry
  - Direct EHR or via Data Submission Vendor
  - Web interface (groups of 25 or more only)
  - Qualified Clinical Data Registry
- [2016 PQRS GPRO Training Guide](#)

# Evaluate Reporting GPRO in 2016

- Successfully reporting will cover all providers in Group TIN from PQRS and VM penalties
- Registry: Report 9 measures/3 domains and not all providers need to be represented in measures
- Individual providers who have difficulty with reporting requirement for individuals will be eligible
- Group practices must contract with CMS-certified CAHPS Vendor and bear survey admin costs (if 100+ group)
- For groups of 2 or more providers choosing to report individually, 50% of Providers must successfully report PQRS to avoid VM adjustment.
- Must register as group by 6/30/2016 including Method
- Measures may not be applicable to all providers
  - May Impact Public reporting
- Consider Provider Turnover

PROs


Important Items!!

# Where should I be in 2016 PQRS Reporting

# Key Activities and GPRO Deadline

- By NOW – Completed PQRS Planning and in Implementation Phase
- Measure Selection and Monitoring
- Verify that you have Correct Roles and are registered in EIDM
- June 30, 2016 – Register if reporting GPRO
  - Include Method for Reporting
  - Investigate and Choose CAHPS Survey Vendor (check on their deadline to sign up)

# CMS Enterprise Portal

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## Comprehensive Primary Care



The Comprehensive Primary Care (CPC) portlet allows primary care practices participating in the CPC Initiative to enter their quarterly milestone reporting, attest to clinical quality measures, review staffing rosters, and download practice-specific reports.

CPC Application Support Contact Information  
[CPCISupport@telligen.org](mailto:CPCISupport@telligen.org)

For more information about CPC [Read Here](#).

CMS Enterprise Portal

MACBIS

Medicare Shared Savings Program

Physician Value

ASP

Open Payments

QMAT

CPC

Innovation Center

MLMS


MCU

PECOS

Quality Reporting


CBIC

CMS Provides Health Coverage for 100

[Information for people with Medicare, Medicare open enrollment, and benefits.](#)

## CMS Secure Portal

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

 **Login to CMS Secure Portal**

[Forgot User ID?](#)

[Forgot Password?](#)

[New User Registration](#)

## Get E-Mail Alerts

**Get Email Updates**

Already a subscriber?

# Project Plan– Items Answered and Plan in Place

1. Will you be participating – Cost Analysis.
2. How will you participate?
3. What Method will you Report?
4. Who will be responsible from your organization for this CMS program?
5. Plan for Training, Informing Staff, Education.
6. Define steps for Gathering Data / Validating Data / Test Submission of Data.
7. Monitor Activity to Stay on Schedule and meet Deadline.



# PQRS Measure Selection Activity



Step	Date Complete	Tasks for Measure Selection
1		Understand requirements for measure reporting # of measures, # of domains, cross cutting measures
2		Identify measures available for your reporting mechanism
3		Consider factors specific to your practice/clinic Clinical Conditions, Types of Care, Settings of Care
4		Align with your other Quality Reporting initiatives and measures
5		Review QRUR report – Cost & Quality data
6		Identify measures for your Practice and Review *Create your list with possible measures (crosswalk)
7		Assess the current baseline data
8		Identify Improvement Notation for each measure (high/low performance better)
9		Verify Medicare beneficiary requirements
10		Confirm Measures to Monitor



# A Look into the NEAR Future...

# If you thought it was going away:

- Section 101(b)(1)(A) of **MACRA** amended section 1848(a)(7)(A) of the Act to **sunset the meaningful use payment adjustment** for EPs at the end of CY 2018.
- Section 101(c) of MACRA added section 1848(q) of the Act requiring the establishment of a Merit-Based Incentive Payment System (**MIPS**), which would **incorporate meaningful use**.

\*This information was released in the federal register in Oct of 2015.



# Delivery System Reform, Medicare Payment Reform & MACRA

- Payment adjustments for the current Meaningful Use program will continue until December 31, 2018, based on 2016 reporting.
- ... at that point the current MU payment adjustment program will “sunset” and be replaced by a new Merit-based Incentive Payment System (MIPS), which is being created under the new MACRA (Medicare Access and CHIP Reauthorization Act) law.

***QUALITY PAYMENT PROGRAM***



# Performance Under MIPS

**How will physicians and practitioners be scored under MIPS?**

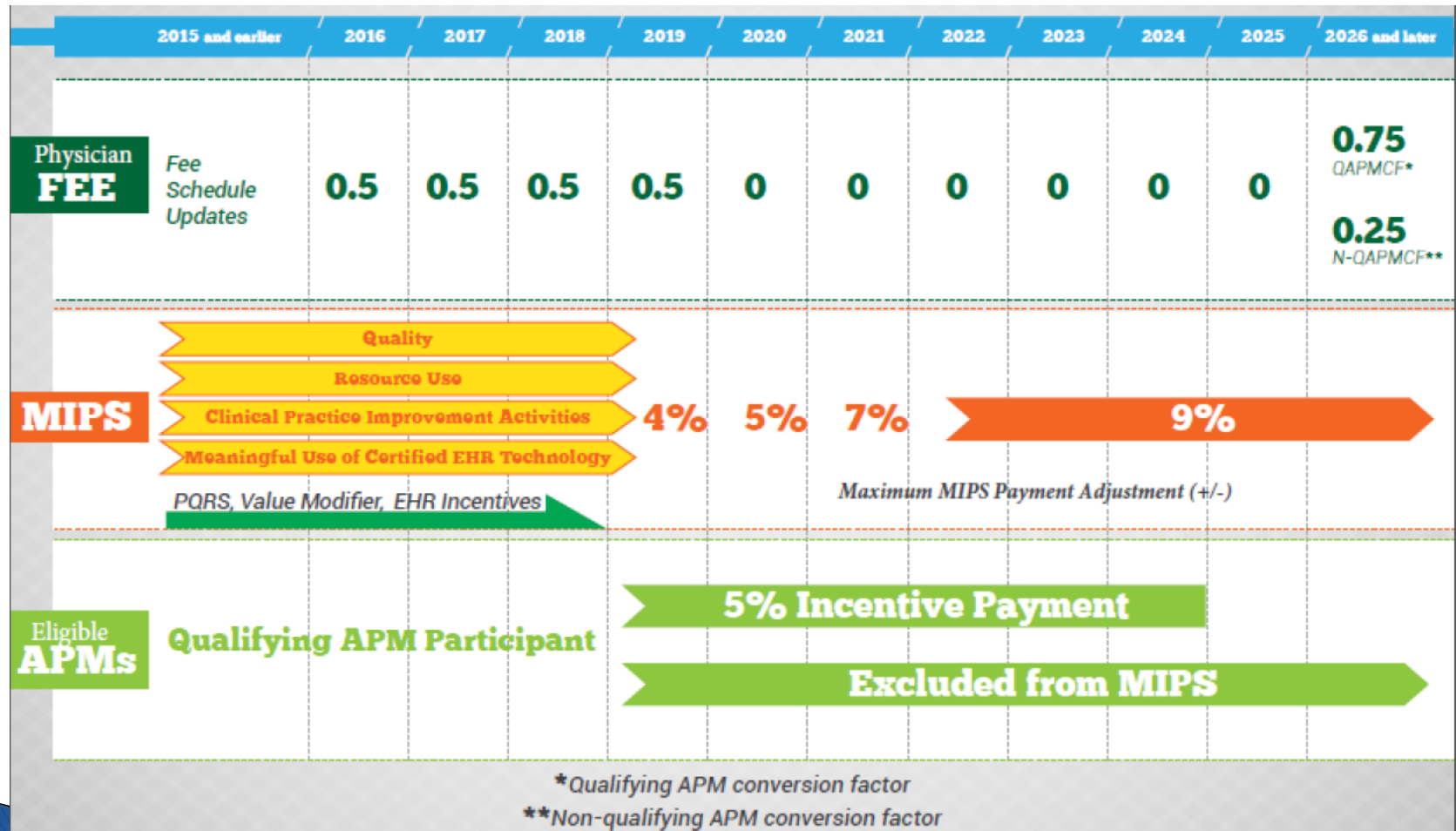
A single MIPS **composite performance score** will factor in performance in **4 weighted performance categories**:



<https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Value-Based-Programs/MACRA-MIPS-and-APMs/MACRA-MIPS-and-APMs.html>

# Quality Payment Program– Timeline

***We will have a separate webinar to discuss the details of MACRA/MIPS later this year.***



# Webinars & Links MACRA/MIPS/QPP

## Upcoming Webinars

- Wednesday, May 25, 2016  
12:00–1:00 pm EST  
[MIPS: Advancing Care Information Overview](#)
- Wednesday, June 15, 2016  
12:00–1:00 pm EST  
[MIPS: Clinical Practice Improvement Activities \(CPIA\) Overview](#)
- Friday, June 17, 2016  
12:00–1:00 pm EST  
[MIPS Scoring Overview](#)
- Wednesday, July 13, 2016  
1:00–2:00 pm MDT  
[2016 Meaningful Use Mid Year Review](#)

## Past webinar about the MACRA:

- [MACRA Request for Information: MIPS, APMs, PFPMs](#) – 10/8/15 (register to watch the recorded webinar)

## MACRA and QPP Site Links

- [CMS Site on Learning Opportunities for MACRA Proposed Rule](#)
- [Quality Payment Program CMS Site](#) – Fact Sheet, Timeline, Past and Future Webinars, Slide Deck

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