

Upcoming presentations

MU	PQRS	VBM	ICD-10
<ul style="list-style-type: none"> What you need to know for about Meaningful use in 2016 	<ul style="list-style-type: none"> What it is, what is being reported, and what success is 	<ul style="list-style-type: none"> Link to PQRS, how it is measured, financial impact 	<ul style="list-style-type: none"> What you need to know about ICD-10 in the vascular center
Mike Wall, System Analyst	Terry Litchfield, VP		Aris Urbanes, VP

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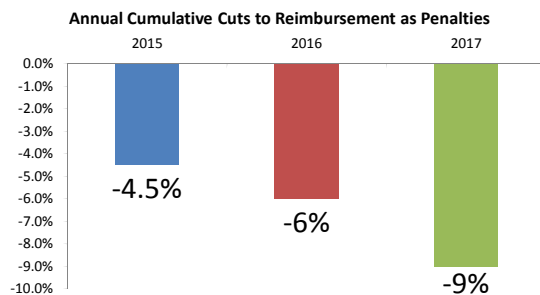
PQRS – what it is

- 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
- Those who report satisfactorily for the 2015 program year will avoid the 2017 PQRS negative payment adjustment

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

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From Cash to Cuts



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Penalties are affecting many physicians nationally

Meaningful Use

30% of Physicians will be penalized nationally according to CMS



11% of Lifeline physicians did not attest in 2014 and face penalties

PQRS

40% of Physicians face payment cuts in 2015



<1% of Lifeline physicians face penalties

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PQRS – how reporting is being done

- There are several reporting options that leverage different technologies
 - Claims based – adding codes to each claim
 - Registry reporting - via a Qualified Clinical Data Registry
 - EMR-Direct – through an EMR/EHR
 - Group Practice Reporting Option (GPRO) web interface – CMS web interface
- Lifeline is reporting measures appropriate in the access center setting via claims (since February 2013)
- If a physician fails to report a measure, certified coders add applicable quality measure based on procedure performed
 - E.g. In one month a center had 203 encounters with PQRS codes of which the physician only coded 78 (38%) of the encounters.
- EVERY physician in our network met the participation requirement in 2014
 - You should all have received PQRS bonuses this year

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What is being reported

- 4 basic and 1 cross-cutting measures are being reported
 - **Measure #47** – Advanced Care Plan (ACP)
 - **Measure #76** – CVC Protocol
 - **Measure #145** – Fluoro Time
 - **Measure #195** – Carotid Stenosis (for Vascular Surgeons only)
 - **Measure #130** Medication Reconciliation
 - Cross-Cutting Measure (new in 2015) is defined as any measure that broadly applies across multiple clinical settings and physicians within a variety of specialties
- Physician adds the appropriate measure codes are added to any claim that requires a given quality measure
- Coders audit all claims and make any necessary adjustments

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Illustration: Extract from a claim with CPT codes and measures applied

Line	Code	Quantity	Unit	Rate	Amount	Modifier	Measure	Measure Value	Measure Unit	Measure Amount
02	02	15	02	02	15	11	36147			2064.00
02	02	15	02	02	15	11	36558			2900.00
02	02	15	02	02	15	11	77001			219.00
02	02	15	02	02	15	11	76937			103.00
02	02	15	02	02	15	11	6030F			00.01
02	02	15	02	02	15	11	6045F			00.01

CPT Codes Used		CPT Quality Measures Applied
36147	Access av dial graft for eval	
36558	Insert tunneled cv cath	Measure #76 – CVC Protocol (6030F)
77001	Fluoroguide for vein device	Measure #145 – Fluoro Time (6045F)
76937	Us guide vascular access	

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What is considered success

- If you choose to report a particular measure, you must report on 50% of those procedures
- CMS sets a minimum set of measures that should be reported
- Access centers have only 5 possible measures which is less than the required minimum
- A Measure Applicability Validation test will be performed by CMS to confirm that we have reported all that we could
- If the PQRS reporting requirements are not fulfilled in 2015 reimbursement will be cut by 2% in 2017

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VBM – what it is

- The Value-Based Modifier (VBM) program assesses both quality of care furnished and the cost of that care under the Medicare Physician Fee Schedule
- The program provides incentives and levies penalties for performance
- Penalties are additive to penalties under MU and PQRS
- Implementation of the VBM is based in part on participation in Physician Quality Reporting System (PQRS)
- CMS began phase-in of the VBM in 2015 based on 2013 reporting for groups of 100+ EP
- Performance in 2015 will receive payments or adjustments in 2017

<http://www.acr.org/Quality-Safety/Quality-Measurement/Physician-Modifier-New>

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How the Value Modifier Works

Analyzed	Scored	Classified	Paid or Penalized
<ul style="list-style-type: none"> PQRS-reported quality information, along with CMS-calculated outcomes and cost measures are analyzed 	<ul style="list-style-type: none"> Each group practice receives two composite scores; a quality and cost component 	<ul style="list-style-type: none"> CMS classifies each score into "high", "average" or "low" based on standard deviation above/below or at the national mean score. This identifies statistically significant outliers 	<ul style="list-style-type: none"> CMS assigns groups to their respective quality and cost "tiers" to determine a positive, neutral or negative payment based on performance. This is known as "quality tiering" analysis

Actual analytic approach has not yet been provided by CMS

<http://www.acr.org/Quality-Safety/Quality-Measurement/Physician-Modifier-New>

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Financial Impact

Payment adjustments (a Bonus or Penalty) are made based on a physicians tier of performance

Quality ↑ High Low ↓	High	None	Bonus	Bonus
		Penalty	None	Bonus
	Low	Penalty	Penalty	None
		High	Cost ←-----→ Low	

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Summary PQRS and VBM

- Mandatory programs
- Now in penalty mode
- Penalties are cumulative and significant – up to -9% in 2017
- Incentives are still possible under VBM for tier one performance
- Lifeline is using a claims based reporting approach for PQRS transitioning to Registry Reporting
- Most of our physicians have year to date met the reporting requirements but results do roll up with your other certified systems

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