Physician Quality Reporting System - eRx - Meaningful Use - Accountable Care Organization - Patient Centered Medical Home

ReportingMD®

Call 1-888-783-5280 - email us info@ReportingMD.com - www.ReportingMD.com

In This Issue

Customer Questions

Q: For individual measure 20 - Perioperative Care: Timing of Prophylactic Parenteral Antibiotic - Ordering Physician: for surgical procedure code 60512, parenteral antibiotics are not clinically indicated for this type of surgery so can that be marked as an exclusion?
A: Yes, you would report **Order for Prophylactic Parenteral Antibiotic not Given for Documented Reasons G8631:** Clinician documented that patient was not an eligible candidate for ordering prophylactic parenteral antibiotics to be given within one hour (if fluoroquinolone or vancomycin, two hours) prior to the surgical incision (or start of procedure when no incision is required)

August 2013

ReportingMD Quarterly Newsletter

Quarter - 3 - 2013

It's Not Too Late...

... for groups of 100+ eligible professionals (EPs) to avoid the Value-based Payment Modifier (VM) OR for groups of 2+ EPs to register to report under the Group Practice Reporting Option (GPRO) for PQRS OR to change your reporting option if you already self-nominated as a GPRO in January 2013. Self-nomination for 100+ EP groups to avoid the VM and for 2+ EP groups to report under the PQRS GPRO or to change your reporting option is from July 15, 2013 to October 15, 2013. Contact us for more information.

Did You Know...

... the 2014 Medicare PFS Proposed Rule is now on display at the following website: http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/Downloads/2014_Medicare_PFS_Proposed-Rule-CMS_1600-P.pdf.

You can also review the July 25, 2013 National Provider Call: CMS Proposals for PQRS and Physician Value-Based Payment Modifier under the Medicare Physician Fee Schedule 2014 Proposed Rule [1] for information relating to topics like:

- Introduction to the proposed Qualified Clinical Data Registry
- Proposal of Increasing number of individual measure reporting from 3 to 9 measures, covering at least 3 different domains
- Proposal to align Meaningful Use and PQRS reporting by allowing for 1 submission of CQM measures to fulfill both the CQM requirement and the PQRS requirement

CMS will be taking comments on the proposed rule until 5 pm September 6, 2013

...On October 1, 2014, the ICD-9 code sets used to report medical diagnoses and inpatient procedures will be replaced by ICD-10 code sets.
The transition to ICD-10 is required for everyone covered by the Health Insurance Portability Accountability Act (HIPAA). There is plenty of information and several resources available at http://cms.hhs.gov/Medicare/Coding/ICD10/index.html and an introduction/fact sheet about ICD-10 can be viewed at: http://cms.hhs.gov/Medicare/Coding/ICD10/Downloads/ICD10_Introduction_060413[1].pdf,

Q: For individual measures 20, 21 and 22 If more than 1 surgical procedure is performed during the same operative session (primary code and secondary code with modifier 51 used), do both procedures have to be reported?
A: No, even though multiple procedures are occurring during the same operative session, this will count as one reporting instance.

Send us your question(s)
info@ReportingMD.com

Important Links

Feedback Reports website

CMS PQRS website

Physician Compare website

ReportingMD Brochures

Medical Informatics Calculator (MICMD)

Total Outcomes Management (TOMMD)

ReportingMD Services

Meaningful Use Brochure

New Hampshire Trivia

New Hampshire led the effort in the United States to preserve which black and white waterfowl, which is most closely related to penguins?

Trivia Answer

Join Our Mailing List!

Stay Connected

View my profile on LinkedIn

Feel free to also Contact us for more information.

How Do I...

...navigate from IACS to self-nomination for avoiding the Value-based Payment Modifier and registration for reporting under the Group Practice Reporting Option (GPRO)? Your first step is to set up an IACS account, which is required to self-nominate. The process to obtain an IACS account for self-nomination can be overwhelming so here are some resources to get you started:

- The presentation from the June 5, 2013 National Provider Call: Getting Started with PQRS Reporting: Implications for the Value-based Payment Modifier and the PQRS Payment Adjustment[2] is a great step by step resource/guide.
- Contact us for IACS account guidance/information

EHR Incentive Program/Meaningful Use

No matter what Meaningful Use stage you are on, everyone will use the same set of Clinical Quality Measures (CQMs) in 2014. A complete list of CQMs required for reporting beginning in 2014 and their associated National Quality Strategy domains are posted on the CMS EHR Incentive Programs website (http://www.cms.gov/EHRIncentivePrograms) [3]

To learn more about the Meaningful Use/EHR Incentive Program, click here.

Value-based Modifier (VM) for groups of 100+ EPs - Group Practice Reporting Option (GPRO)

Self-nominate as a group between July 15, 2013 and October 15, 2013.

The penalty for groups of 100+ EPs who fail to self-nominate is 1.0%.
The Group Practice Reporting Option (GPRO) self-nomination period is when groups of 100+ EPs choose how they want to approach the VM. Each 100+ EP group will have to choose one of the two following options during the self-nomination process:

1. You can choose to answer "No" to quality tiering election, which would result in a 0.0% adjustment
2. You can choose to answer "Yes" to quality tiering election, which could result in an upward, downward or no adjustment based on performance

On September 16, 2013, Quality and Resource Use Reports (QRURs) will be released and will include your two composite scores (quality of care; cost of care) based on your groups standardized performance (e.g. how far away your scores are from the national mean). For example, if your QRUR shows low cost and high quality composites in comparison to the national mean, then you may want to consider quality tiering election as it may result in an upward adjustment. On the same note, if you have high cost and low quality it could result in a downward adjustment. The deadline to elect the quality-tiering approach to the value-based modifier is October 15, 2013

The presentation from the July 31, 2013 National Provider Call: How to Register to Select your PQRS Group Reporting Option for 2013: Value-Based Payment Modifier - Physician Feedback Program [4] is a great resource/guide on this topic.

PQRS Incentives/Payment Adjustment Amounts: 2013 and beyond

- 2013: 0.5% Incentive
- 2014: 0.5% Incentive
- 2015: 1.5% Payment adjustment (based on 2013 reporting)
- 2016: 2.0% Payment adjustment (based on 2014 reporting)

Physician Compare

CMS has a plan for reporting physician quality and patient care/experience metrics on a public website called "Physician Compare." In 2014, CMS plans to post the following, which is just a sample of what is targeted for posting on the Physician Compare website in 2014

- Measures reported by group practices and ACOs who participated in the 2013 PQRS group practice reporting option (GPRO) and reported through the GPRO web interface.
- Patient experience data for groups and ACOs participating in the 2013 PQRS GPRO and who reported through the web interface.

In 2015, CMS plans to post the following in 2015:

- PY 2014 collected individual-level measure data

Find more information on the Physician Compare website here

Recent Shows...

ReportingMD was a silver sponsor at the Healthcare Analytics Symposium in Chicago, IL in July of 2013. Take a look at our display...

Come See Us At...

ReportingMD will be at the:

2013 MGMA National Conference
San Diego - October 6-8
Booth # 1038

We hope you found this newsletter informative. Please provide us with any feedback and/or topics you would like addressed in future publications. You can email us at Contact Us

Sincerely,

Michael T. Deyett, MHA
President
ReportingMD, Inc.

ReportingMD, Inc. | (888) 783-5280 | 1294 Route 11, Unit 3 (PO Box 1014) Georges Mills, NH 03751

http://www.ReportingMD.com
info@ReportingMD.com

[1] *CMS Proposals for PQRS and Physician Value-Based Payment Modifier under the Medicare Physician Fee Schedule 2014 Proposed Rule* (July 25, 2013). [Adobe .PDF Presentation] Retrieved from Medicare Learning Network (MLN) Connects National Provider Call website: http://www.cms.gov/Outreach-and-Education/Outreach/NPC/Downloads/072513-PQRS-NPC-Slide-Presentation.pdf

[2] *Getting Started with PQRS Reporting: Implications for the Value-based Payment Modifier and the PQRS Payment Adjustment* (June 5, 2013). [Adobe .PDF Presentation] Retrieved from Medicare Learning Network (MLN) Connects National Provider Call website: http://www.cms.gov/Outreach-and-Education/Outreach/NPC/Downloads/2013-06-05-NPC.pdf

[3] *Medicare & Medicaid EHR Incentive Programs: Stage 1 and Stage 2 of Meaningful Use* (July 24, 2013). [Adobe .PDF Presentation] Retrieved from Medicare Learning Network (MLN) Connects National Provider Call website: http://www.cms.gov/Outreach-and-Education/Outreach/NPC/Downloads/2013-07-24-ESRD-Call.pdf

[4] How to Register to Select your PQRS Group Reporting Option for 2013: Value-Based Payment Modifier - Physician Feedback Program (July 31, 2013). [Adobe .PDF Presentation] Retrieved from Medicare Learning Network (MLN) Connects National Provider Call website: http://www.cms.gov/Outreach-and-Education/Outreach/NPC/Downloads/2013-07-31-NPC.pdf