



ReportingMD®

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

In This Issue

March 2016

[ReportingMD Helps Shape Future MIPS Program Design](#)
[ReportingMD News/Updates](#)

[It's Not Too Late...](#)

[Did You Know...](#)

[2016 Physician Fee Schedule Final Rule](#)

[2015 PQRS Incentive, Payment Adjustment, and Reporting Methods](#)

[EHR Incentive Program/Meaningful Use](#)

[Value-Based Payment Modifier \(VBPM\)](#)

[Accountable Care Organization \(ACO\) Reporting](#)

[How Do I...](#)

[Recent/Upcoming Shows](#)

Customer Questions

Q: When does ReportingMD need all PQRS data to be submitted by?

A: 2/29/16 was the deadline. Anything after this date will incur a late submission fee and you will risk your data not getting submitted at all.

Q: What do I do if I cannot log into the new EIDM system with my old IACS account credentials?

A: You will need to contact the CMS QualityNet Help Desk at

ReportingMD Quarterly Newsletter

Quarter - 1 - 2016

ReportingMD Chosen to Participate in Designing the New Merit-based Incentive Payment System (MIPS) for CMS

12/1/15 - Representatives from ReportingMD were identified as key stakeholders with technical expertise who were invited to the Washington, D.C. area to take part in designing the new Merit-Based Incentive Payment System (MIPS), which will debut starting in 2017. MIPS will combine the current Physician Quality Reporting System (PQRS), Meaningful Use (MU) and Value-Based Payment Modifier (VBM) into one program as required under the Medicare Access and CHIP Reauthorization Act of 2015 (MACRA).

Representatives from ReportingMD met on-site with program leaders from the Center for Medicare & Medicaid Services (CMS) and other state agencies to identify opportunities to streamline and improve the current processes to enable us a smooth transition when MIPS is rolled out. The overall goal was to strive to design MIPS in a way that is responsive to stakeholder needs.

ReportingMD is proud to be invited to participate in this meaningful event. We are also excited to be an advocate for our clients and all impacted stakeholders.

[Contact us](#) if you have any questions.

ReportingMD News/Updates

ReportingMD has a new website. Check us out at www.ReportingMD.com!

Check out the News link on the ReportingMD website for important news and program updates <http://reportingmd.com/important-updates/>

[Contact us](#) if you have any questions.

either 1-866-288-8912 or
qnetsupport@hcqis.org

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

Important Links

[Feedback Reports website](#)

[CMS PQRS website](#)

[Physician Compare website](#)

ReportingMD Brochures

[Medical Informatics Calculator
\(MIC\)](#)

[Total Outcomes Management
\(TOM\)](#)

[Meaningful Use Brochure](#)

New Hampshire

Trivia

Which New Hampshire motto was coined by General John Stark, hero of the Battle of Bennington?

[Trivia Answer](#)

Join Our Mailing List!

It's Not Too Late...

... To avoid a payment adjustment for not reporting PQRS in 2015. You can still Report for the 2015 PQRS reporting year with ReportingMD. Call us today to see how!

[Contact us](#) to help figure out how.

Did You Know...?

... If you don't report PQRS at all in 2015, you will be subject to the 2% PQRS penalty AND either a 2% or 4% Value-Based Payment Modifier (VBM) penalty as well. Depending on the size of the practice, you could be penalized by up to 6% for not reporting anything for PQRS in 2015.

... You can check on your 2014 PQRS submission and the results by going to the following link:

https://www.qualitynet.org/portal/server.pt/community/pgri_home/212

And scroll down to the bottom left. You can enter the practice TIN and the provider NPI. This will tell you how you did on your 2014 PQRS submission.

... CMS plans multiple weeks of Registry submission portal downtime in the month of March, 2016. Because of this, ReportingMD clients are urged to make sure they submit all 2015 PQRS data by the 2/29/16 requested due date in order to avoid late submission fees and to ensure your data is submitted without issue.

... On July 13, 2015, CMS transitioned from the IACS system to the EIDM system and the IACS system was retired. The new Enterprise Identity Management (EIDM) system will be the system used by practices and providers to access multiple CMS applications including their QRURs, PQRS feedback reports as well as the GPRO registration portal among other applications. To access this portal, click on "CMS Secure Portal" at the following website: <http://portal.cms.gov>.

... If you plan to report under the Group Practice Reporting Option (GPRO) for 2016, you will need to register with CMS between 4/1/16 - 6/30/16.

Contact us for more information.

2016 Physician Fee Schedule Final Rule

Links to the 2016 CMS Specifications Manuals are below:

- 2016 Individual Measures (IMs) - http://reportingmd.com/wp-content/uploads/2016_PQRS_IM_SpecManual.pdf
- 2016 Measures Groups (MG) - http://reportingmd.com/wp-content/uploads/2016_PQRS_MG_SpecManual.pdf

Items to note per program:

PQRS and VBM

- Group practices of 2+ EPs as well as solo practitioners will be subject to, not only, the PQRS penalty but also subject to a downward adjustment under the Value Based Payment Modifier (VBM) program for poor performance.
- PQRS penalty ends in 2018 and will be replaced by MIPS, the Merit-Based Incentive Payment System, which will also incorporate PQRS, EHR Meaningful Use, VBM and a new program looking at Clinical Process Improvement and Access.
- Added 3 new Measures Groups options: Cardiovascular Prevention, Diabetic Retinopathy, and Multiple Chronic Conditions.
- For the 2016 performance year, the Value-Based Payment Modifier (VBM) will apply to physicians, PAs, NPs, CNSs, and CRNAs in groups of 2+ EPs and those who are solo practitioners as identified by their TIN
- Under Quality-Tiering for the VBM, TINs with physicians, PAs, NPs, CNSs, and CRNAs will be subject to upward, neutral or downward adjustments.
- Under Quality-Tiering for the VBM, TINs that consist of ONLY non-physician EPs will be held harmless from downward adjustments.
- Groups of 10+ EPs would get an automatic **-4% downward adjustment in addition to the PQRS -2% automatic penalty for not reporting.**
- Groups of 2-9 EPs and solo practitioners would get an automatic **-2% downward adjustment in addition to the -2% PQRS automatic penalty for not reporting.**
- Groups of 2-9 EPs and solo practitioners, under quality-tiering are subject to a potential upward adjustment up to +2% **or a potential downward adjustment of -2%, which differs from 2015**

Accountable Care Organization (ACO)

- The 2018 VBM for Shared Savings Program Participants will have their VBM calculated as follows for the 2018 VM (2016 performance year):
 - Cost composite** - set to Average
 - Quality composite** - based on ACOs quality data submitted through the GPRO web-interface and the ACO all-cause hospital readmissions measure as calculated under the Shared Savings Program
- If the ACO is not successful in satisfactorily reporting quality data as required for the Shared Savings Program, all groups and solo EPs participating in the ACO will be subject to the automatic downward VBM adjustment.
- For the VBM for TINs that are participating in the Pioneer ACO model, CPC Initiative, or other Similar Innovation Center Models that (for the 2017 VBM and 2018 VBM) the VBM be waived if at least one EP participated in any of the above or Similar Innovation Center Models during the reporting year

Feel free to [Contact us](#) for more information and to help you navigate the changes.

Adjustment, and Reporting Methods

2015 PQRS Payment Adjustment:

Individual Eligible Professional (EP) Submission:

EPs who do not report PQRS in 2015 will receive a 2.0% downward payment adjustment in 2017 plus the VBM penalty of either 2% or 4% depending on the size of the practice.

Providers will need to do one of the following to satisfactorily report to avoid the penalty for PQRS in 2015:

- Report on 1 Measure Group. Must report on 20 unique patients of which at least 11 must be Medicare Part B patients. OR,
- Report on 9 individual Measures that cross 3 NQS domains including at least 1 cross-cutting measure. Must report at least 50% of the eligible events for each of the 9 measures
 - If less than 9 measures are reportable, the Measure Applicability Validation (MAV) will run.

Group Practice Reporting Option Submission:

Group Practices reporting under the Group Practice Reporting Option (GPRO) who do not report under PQRS in 2015 will receive a 2.0% downward payment adjustment in 2017.

GPROs will need to do the following to satisfactorily report to avoid the penalty for PQRS in 2015:

- Report on 9 individual Measures across 3 NQS domains including at least 1 cross-cutting measure. Must report at least 50% of the eligible events for each of the 9 measures
 - If less than 9 measures are reportable, the Measure Applicability Validation (MAV) will run.

For GPRO Submissions:

GPRO group practices of 100+ eligible professionals must report on 6 individual measures that cross 2 NQS domains as well as the CAHPS for PQRS measures. CAHPS for PQRS is optional for groups of 2-99 EPs. A group must be registered under the Group Practice Reporting Option (GPRO) in order to be eligible to report on the CAHPS for PQRS measures.

GPRO Web Interface is available as a PQRS reporting mechanism for groups with 25 or more providers only.

EHR Incentive Program/Meaningful Use



Please make sure your Meaningful Use vendor is in compliance with Meaningful Use Stage 2 and is ONC certified. ReportingMD is ONC certified for all measures and can submit your data for both PQRS and MU in one file submission.

ReportingMD's TOM application is ONC certified for submitting your eCQM and PQRS data electronically. This can be accomplished for singular data submission for each program or combined for one submission for both MU and PQRS. This submission would include GPRO clients.

Key facts from the Meaningful Use Final Rule:

- 90 day reporting period, which is now aligned with the calendar year instead of the fiscal year in order to align MU reporting with other CMS reporting programs. This applies for all providers in 2015, for new participants in 2016 and 2017 as well as for any provider moving to MU Stage 3 in 2017
- Stage 3 requirements are optional for all providers in 2017. Those providers choosing to start MU Stage 3 in 2017 will only have a 90 day reporting period. In 2018, however, all participants will be required to comply with MU Stage 3 requirements (using HER technology that is certified to the 2015 edition)

For MU Stage 2 Program in 2015 through 2017

- 10 objectives for Eligible Professionals (EPs), including 1 public health reporting objective
- 9 objectives for eligible hospitals and Critical Access Hospitals (CAHs), including 1 public health reporting objective
- CQMs reporting for all is same as previously finalized

For MU Stage 3 Program in 2017

- 8 objectives for EPs, eligible hospitals and CAHs
- More flexible options for measure selection for the public health reporting element
- CQM reporting is aligned with the CMS quality reporting programs

CMS answered the following question on their EHR Incentive Program FAQs page:

Question: [Medicare EHR Incentive Program] For the Medicare EHR Incentive Program, can I report a CQM with a zero result in the numerator and/or denominator?

Answer: While we strongly encourage providers to report CQMs which are relevant to their patient population, zero is an acceptable result provided that this value was produced by certified EHR technology.

Click [HERE](#) to view this FAQ

To learn more about the Meaningful Use/EHR Incentive Program, click [HERE](#).

Value Based Payment Modifier (VBM)

For 2015:

In 2015, if a practice does not successfully report PQRS in 2015, they will be subject to an automatic Value Based Payment Modifier (VBM) penalty as follows:

- 1-9 Providers - 2%
- 10+ Providers - 4%

Physicians in groups with 2-9 EPs and physician solo practitioners receive only the upward or neutral VBM adjustment under quality-tiering

Physicians in groups with 10+ EPs can receive upward, neutral, or downward

VBM adjustment under quality-tiering

Value-Based Payment Modifier (VBM) – Quality Tiering Approach for 2017 (based on 2015 reporting year): Groups of 10+ eligible providers:

Cost/Quality	Low Quality	Average Quality	High Quality
Low Cost	+0.0%	+2.0X*	+4.0X*
Average Cost	-2.0%	+0.0%	+2.0X*
High Cost	-4.0%	-2.0%	+0.0%

Value-Based Payment Modifier (VBM) – Quality Tiering Approach for 2017 (based on 2015 reporting year): Groups of Solo Practitioners and Groups of 2-9 Eps:

Cost/Quality	Low Quality	Average Quality	High Quality
Low Cost	+0.0%	+1.0X*	+2.0X*
Average Cost	+0.0%	+0.0%	+1.0X*
High Cost	+0.0%	+0.0%	+0.0%

Reference: 2015 Updates to the Physician Quality Reporting System (PQRS) & the Value Based Payment Modifier. Philadelphia Regional Office of CMS. 7 April, 2015. Centers for Medicare & Medicaid Services.

In the fall of 2015, Quality and Resource Use Reports (QRURs) were released and include your two composite scores (quality of care; cost of care) based on your group's standardized performance for 2014 reporting year.

For 2016:

In 2016, if a practice does not successfully report PQRS, they will be subject to an automatic Value Based Payment Modifier (VBM) penalty as follows:

- 1-9 Providers - 2%
- 10+ Providers - 4%

Physicians in groups with 2-9 EPs and physician solo practitioners receive upward, downward or neutral VBM adjustment under quality-tiering.

Physicians in groups with 10+ EPs can receive upward, neutral, or downward VBM adjustment under quality-tiering.

Beginning in CY 2018, the VBM will apply to non-physician EPs in groups with 2+ EPs and to non-physician EPs who are solo practitioners.

There are some exceptions for VBM for some specialties.

Feel free to [Contact us](#) for more information about the Value-based Payment Modifier (VBM).

Accountable Care Organization (ACO) Reporting -

If the ACO fails to successfully report on quality measures, all groups and solo practitioners under the ACO will be subject to the automatic downward adjustment

There are 33 Accountable Care Organization measures across 4 domains

If the Accountable Care Organization (ACO) fails to effectively "REPORT" on

behalf of the participants then the participants will receive:

- 2% PQRS penalty
- 4% VBM penalty (2% for groups under 10)

Groups and solo practitioners participating in an ACO under the **Shared Savings Program** in the CY 2015 performance period will have their Value Modifier calculated as follows for the CY 2017 payment adjustment period:

- The Cost Composite for the VBPM will be set to average
- The Quality Composite will be based on the ACO's quality data reported

Physician solo practitioners and physician groups in which at least one eligible professional participates in the **Pioneer ACO Model or CPC Initiative** in 2015 will have their Value Modifier calculated as follows for 2017:

- Cost Composite: Average
- Quality Composite: Average

Solo practitioners and groups in which at least one eligible professional participates in the **Pioneer ACO Model or CPC Initiative** in 2015 will be classified as Category 1 and will not be subject to the VM downward adjustment for CY 2017.

[Contact us](#) for more information.

How Do I...

... Access my feedback reports for PQRS? You will need to log into the new Enterprise Identify Management (EIDM) portal that is on the following website by clicking on "CMS Secure Portal" at the following website:

<http://portal.cms.gov>

If you have trouble logging in using your old IACS account credentials, you will need to contact the CMS QualityNet Help Desk at 1-866-288-8912 or via email at qnetsupport@hcgis.org

Recent/Upcoming Shows...

Check out **ReportingMD**'s new display below.



ReportingMD will be exhibiting at the Ohio State Medical Association 2016 Education Symposium in Columbus, OH on April 1, 2016.

ReportingMD will also be exhibiting at the New England Regional MGMA Conference at the Mount Washington Hotel in Bretton Woods, NH May 4-6, 2016.

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 | <http://www.ReportingMD.com> | info@ReportingMD.com

Copyright © 2012. All Rights Reserved.