

Physician Quality Reporting System - Meaningful Use - Value-Based Payment Modifier - Accountable Care Organization - Patient Centered Medical Home



# ReportingMD®

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## Customer Questions

**Q:** When can I find out how I did on my PQRS reporting in 2014?

**A:** Around now in the Fall of 2015, CMS will begin releasing feedback reports, which tell practices and providers how they did on their PQRS reporting. Log into the EIDM portal to see if your feedback reports are available.

**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 either 1-866-288-8912 or [gnetsupport@hcqis.org](mailto:gnetsupport@hcqis.org)

Send us your question(s) [info@ReportingMD.com](mailto:info@ReportingMD.com)

## Important Links

September 2015

## ReportingMD Quarterly Newsletter

Quarter - 3 - 2015

## ReportingMD News/Updates

ReportingMD has a new website. Check us out at [www.ReportingMD.com](http://www.ReportingMD.com)!

On September 17th at 6 pm EDT, ReportingMD is planning an upgrade of the Total Outcomes Management (TOM) application to version 8.0. This TOM v8.0 product release is intended to improve your user experience while maintaining the reports you are familiar with. The TOM application will be brought down for a short period beginning at 6 pm EDT on Thursday. A communication will be sent out to all TOM users once the TOM application is operational.

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

## It's Not Too Late...

... To choose your CAHPS for PQRS Survey vendor. GPRO practices registered to report CAHPS for PQRS must authorize an approved CAHPS for PQRS Survey vendor no later than 9/22/15. For more information on this, visit <http://reportingmd.com/programs/cahps/>. To access the CAHPS for PQRS Survey Vendor Authorization Form, visit the following website: <http://www.pqrscahps.org/>

... To submit an informal review if you feel that you were incorrectly assessed the 2016 payment adjustment after reviewing your feedback report for the 2014 reporting year. CMS is also sending out letters identifying if a provider or a group practice will be receiving the penalty for not satisfactorily reporting in 2014. Penalties will initiate on 1/1/16. Informal reviews must be submitted between September 9, 2015 and November 9, 2015. All informal review requests must be submitted electronically via the Quality Reporting Communication Support Page (CSP) under the Related Links section of [the Physician and Other Health Care Professionals Quality Reporting Portal](#). That page will only be available between 9/9/15 and 11/9/15.

... To avoid a payment adjustment for not reporting PQRS in 2015. [Contact us](#) to help figure out how.

## Did You Know...?

... 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

[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

On which New Hampshire Lake was the movie 'On Golden Pond' filmed?

[Trivia Answer](#)

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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>.

... On September 17, 2015, CMS is hosting a webinar which will cover the Overview of the 2014 Annual Quality and Resource Use Reports- Webcast. You can sign up to attend this event by clicking [HERE](#).

... On September 24, 2015, CMS is hosting a webinar which will cover the Medicare Quality Reporting Programs: 2017 Payment Adjustments. You can sign up to attend this event by clicking [HERE](#).

... 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 (VBPM) 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.

[Contact us](#) for more information.

## 2016 Physician Fee Schedule Proposed Rule

Items to note:

- Proposed that 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, and VBM. CMS will either release changes for this program in the 2016 final rule or in the 2017 proposed rule
- Proposed to require CAHPS for PQRS surveys for groups of 25+ EPs that register to report GPRO web interface as their reporting option only
- Proposed to add the following 3 new Measures Groups options: Cardiovascular Prevention, Diabetic Retinopathy, and Multiple Chronic Condition
- Proposed to remove 12 individual measures from Claims and Registry reporting
- Proposed that in 2016 and 2017, Certified EHR Technology (CEHRT) is required for electronic reporting of the Clinical Quality Measures (CQMs). Providers reporting electronically must create an electronic file that can be accepted by CMS
- If reporting CQMs electronically, providers must report using the most recent version of the electronic specifications for the CQMs
- 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 non-physician EPs only will be held harmless from downward adjustments
- Proposed to keep the VBM adjustment levels for groups of 10+ EPs and for groups of 2-9 EPs who don't report PQRS at all, the same
- 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**
- Proposed that for groups of 2-9 EPs and solo practitioners, under quality-tiering they would be subject to a potential upward adjustment up to **+2% or a potential downward adjustment of -2%, which differs from 2015**
- 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

- Also proposed to include the CAHPS for ACOs survey in the quality composite of the 2018 VBM for TINs participating in ACOs in the Shared Savings Program in 2016
- Also proposed that 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**
- Proposed 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

To review or make comments on the 2016 Proposed Rule, click [HERE](#). Feel free to [Contact us](#) for more information and to help you navigate the changes.

## 2015 PQRS Incentive, Payment Adjustment, and Reporting Methods

**Measure Applicability Validation (MAV)** - The MAV process will run automatically if a provider or GPRO practice reports on less than 9 measures or less than 3 National Quality Strategy (NQS) domains. This process is made up of 2 steps: The Clinical/Domain Relation Test and the Minimum Threshold Test

- **Step 1: Clinical/Domain Relation Test:** This test is where CMS analyzes claims based data to determine if there are any other measures or domains that the provider or practice (if GPRO) could have reported on based on clinical clusters
- **Step 2: Minimum Threshold Test:** CMS will evaluate claims data to determine if there were at least 15 denominator eligible cases for any of the other measures found in step 1

More information on the MAV process can be reviewed by clicking [HERE](#)

### **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.

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 EMR vendor is in compliance with Meaningful Use Stage 2 and is ONC certified.

ReportingMD's TOM application (QRDA3 Generator) 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.

Recently, 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

The Meaningful Use Stage 1 and Stage 2 Proposed Rule changes are now on display at the following website:

[Medicare and Medicaid Programs: Electronic Health Record Incentive Program- Modifications to Meaningful Use in 2015 Through 2017.](#)

The Meaningful Use Stage 3 Proposed Rule is now on display at the following website:

<https://www.federalregister.gov/articles/2015/03/30/2015-06685/medicare-and-medicaid-programs-electronic-health-record-incentive-program-stage-3>

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

## Value Based Payment Modifier (VBM)

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) will be released and will include your two composite scores (quality of care; cost of care) based on your group's standardized performance for 2014 reporting year. If you wish to protest the QRUR data, you will have 60 days following the release of the QRUR data.

Beginning in CY 2018, the VBPM 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.

## 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>

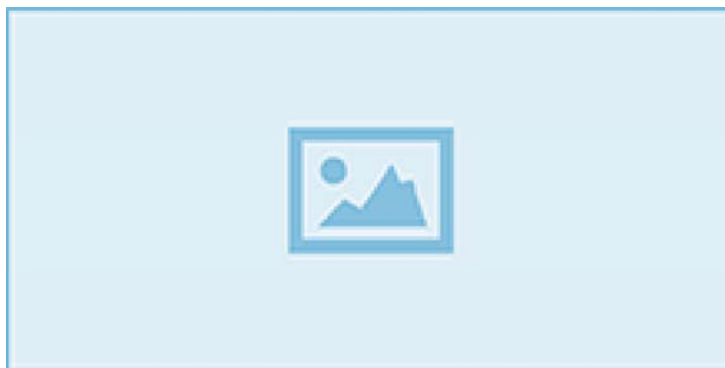
If you have trouble logging in using your old IACS account credentials, you will need to contact the CMS QualityNet Help Desk at 1-866-288-8912 or via email at [qnetssupport@hcgis.org](mailto:qnetssupport@hcgis.org)

## Recent/Upcoming Shows...

**ReportingMD** will be exhibiting at the 2015 MGMA Annual Conference in Nashville, TN October 11-14, 2015. Visit <http://ReportingMD.com/events/> and click on the MGMA 2015 Annual Conference widget to add a visit to our booth to your agenda



**ReportingMD** recently exhibited at the 2015 Optum Client Forum in National Harbor, Maryland, August 19-21, 2015. Take a look at the ReportingMD display



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,

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