PQRS
Meaningful Use
Value Based Modifiers
A Quick Review 2015

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What We Will Cover

- Overview of PQRS program
- Participation options for 2015
- Success and Penalties
- PQRS measure details 2015
- Stage 1/Stage 2 MU & CQM 2015
- Success and Penalties
- Value Based Modifiers 2015
- Success and Penalties

Physician Quality Reporting System

- Physician Quality Reporting System
- PQRS for short
- Began as Pay for Reporting
- Paying 2% bonus in 2010
- Now participate to avoiding 2% reduction in 2017

PQRS 2015

- If you **DO NOT successfully** report in 2015 you **will be penalized 2%** in **2017**, **without exception**
- Total Medicare reimbursement will **decrease 2%**
- 2018 penalties based on 2016 reporting
- If you **DID NOT** report AT LEAST THREE PQRS measure in 2014, your Medicare reimbursement will drop by 2.0% for 2016

PQRS Reporting Options

1. **<u>Claims based reporting – possibly going away in future</u>**
2. Qualified registry reporting

   (AOA registry - Summer 2015)
3. xMeasures group reporting (none appropriate for OD's)
4. Certified Electronic Health Records Reporting (CEHRT)
   a) Direct product submission
   b) Data submission

PQRS Reporting Options

3. Qualified Clinical Data Registry (QCDR)
4. Group practice reporting
    a) Web interface (25+ EPs in Group)
    b) Group registry reporting (2+ EPs)
    c) CMS-certified survey vendor reporting (2+ EPs)
    d) EHR – direct or data submission (2+ EPs)

Satisfactory 2015 PQRS Reporting

Must report *at least* **9** measures - 50% of applicable time
At least one measure must be a cross cutting measure
Cross-cutting =broadly applicable measures

Does ***NOT*** mean 9 measures on every claim at least 50% of time

Choose 9-10 measures including one cross cutting measure and use them when appropriate at least 50% of the time

- Submit PQRS measures for all **reportable** cases
- Frequent reporting will aid in meeting the 50% goal
- No penalty for more frequent reporting

2015 PQRS Measures

- Claims Reporting: 71 measures
- Registry Reporting: 106 registry only measures
- EHR Reporting: 64 measures
  - Contact your EHR vendor for information
- Measure Group Reporting: 23 groups
  - No measure groups appropriate for optometry
  - All measure group reporting in registry only
- Retired Measures for 2015: 50 measures

2015 PQRS 6 Eye Care Measures

- **Measure 12** –Primary Open Angle Glaucoma (POAG): Optic Nerve Evaluation (Effective Clinical Care)
- **Measure 14** – Age-Related Macular Degeneration (AMD): Dilated Macular Examination (Effective Clinical Care)
- **Measure 19** – Diabetic Retinopathy: Communication with the Physician Managing Ongoing Diabetes Care (Effective Clinical Care)
- **Measure 117** – Diabetes mellitus: Dilated Eye Exam in Diabetic Patient (Effective Clinical Care)
- **Measure 140** – Age-Related Macular Degeneration (AMD): Counseling on Antioxidant Supplement (Effective Clinical Care)
- **Measure 141** – Primary Open-Angle Glaucoma (POAG): Reduction of Intraocular Pressure (IOP) by 15% OR Documentation of a Plan of Care (Communication/Care Coordination)

2015 PQRS Measure Lost for Claims Reporting

- **DELETED For Most reporting methods**
- **Measure 18 –** ~~Diabetic Retinopathy: Documentation of Presence or Absence of Macular Edema and Level of Severity of Retinopathy (Effective Clinical Care) 2021F~~

- **2021 F DO *NOT* REPORT in 2015 UNLESS you are reporting via EHR**

2015 PQRS

Optometry only concerned with 6 PQRS eye care specific measures

BECAUSE-

8 measures are registry only codes – surgeons only

- 6 for cataract
- 2 for retina

Cataract Surgery Measure Group

2015 PQRS

12 Cross Cut measures - will need to report at least 3 measures

4 Cross Cut Measures that allow use with 92000 codes

- **Measure 130** Documentation of Current Medications in the Medical Record (Patient Safety)
- **Measure 131 (NQF 0420)** Pain Assessment and Follow up (Community/population health)
- **Measure 226** Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention (Community/population health)
- **Measure 317** Preventive Care and Screening: Screening for High Blood Pressure and Follow-Up Documented (Community/population health)

These measures reported on every Medicare/Railroad Medicare patient while the other 5 measures will be reported as diagnosis indicates◄

2015 PQRS

Other Cross cut measure possibilities

BUT do NOT allow use with 92000

- **Measure110** Preventive Care and Screening: Influenza Immunization (Community/Population Health)
- **Measure111** Pneumonia Vaccination Status for Older Adults (Effective Clinical Care)
- **Measure128** Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up (Community/Population Health)
- **Measure173** Preventive Care and Screening: Unhealthy Alcohol Use – Screening (Community/Population Health)

PQRS "Rules to live by"

1. Must **Use** at least **9 different PQRS measures** consistently and appropriately including one cross cut measure
2. Must file PQRS(s) measure on at **least 50%** of the claims whenever the examination code and diagnosis code indicates the need for a measure (two-three other measures will be filed on every claim)
3. File PQRS codes on EVERY CLAIM (with modifiers if needed) with the diagnosis code and the examination codes for that measure even if you did not perform the measure on that visit (two-three other measures will be filed on every claim)

Meaningful Use 2015

- All providers after 1st year of MU **must** electronically report CQM data
- Reporting period =12 months 2015 and beyond
- Three month period in 2014 was a special exemption – one time only
- BUT CMS has officially proposed to shorten 2015 reporting period to 3 months. We will know for certain later this summer.

Meaningful Use

- After 2014: Cannot begin to qualify for incentive payments under Medicare program but incentives will be paid through 2016
- After 2016: Cannot begin to qualify for incentive payments under Medicaid program but incentives will be paid through 2021
- But STILL MUST continue to demonstrate MU every year to avoid payment adjustments in subsequent years

Meaningful Use 2015

- 2015: EP who do **not** successfully demonstrate MU will be subject to payment adjustment
- Payment reduction starts at 1% 2015=3%
- Increases each year provider does not demonstrate - maximum of 5% of Medicare Payments
- Hardship exemption do exist

Hardship Exceptions for Medicare Eligible Professionals

- **Infrastructure:** Insufficient internet access (e.g., lack of broadband).
- **New Eligible Professionals:** Lack of time for MU
  - 2-year limited exception to payment adjustments
- **Unforeseen Circumstances:** Natural disaster or other unforeseeable barrier
- **Patient Interaction:** Lack of face-to-face interaction with patient
- **Multiple Location Practice:** Lack of control over availability of CEHRT for more than 50% of patient encounters

Meaningful Use 2015

- Must achieve meaningful use under Stage 1 before moving to Stage 2
- ODs who demonstrated MU in 2011 will meet three consecutive years of Stage I MU could move to Stage 2 in 2014
- All other optometrists need 2 years Stage 1 MU before moving to Stage 2 in year 3

Stage 1 Meaningful Use 2014

Eligible professionals must meet:

- 13 required core EHR objectives
- 5/9 menu EHR objectives
  - At least one must be a public health objective

= 18 EHR objectives

- PLUS 9/64 Clinical Quality Measures (CQM)

Most current information available assume applicable for 2015 and beyond, at this point

Core EHR Measures Stage 1

1. Computerized provider order entry (CPOE)
2. Drug-drug and drug-allergy checks
3. Maintain an up-to-date problem list of current and active diagnoses
4. E-Prescribing (eRx)
5. Maintain active medication list
6. Maintain active medication allergy list
7. Record demographics

Core EHR Measures Stage 1

8. Record and chart changes in vital signs
9. Record smoking status for patients 13 years or older
10. Implement clinical decision support
11. Provide patients with the ability to view, download, or transmit their health information online
12. Provide clinical summaries for patients for each office visit
13. Protect electronic health information

Core EHR Objective Changes 2015

- **New core objective – 2014 and beyond**

  Stage 1 and Stage 2

  Provide patients the ability to view online, download and transmit their health information within 4 business days of information being available to EP

Deleted objective for providing electronic copies of health information

Deleted objective of electronic access to health information

Replacing with above New Core Objective

Core EHR MU Changes 2015

- **Record and Chart Changes in Vital Signs**

  2014 and Beyond

  >50% of unique patients seen during EHR reporting period have blood pressure **(age 3 +)** and height and weight **(no age limit)** recorded as structured data for Stage 1

  >80% for Stage 2

Meaningful Use Measures 2015

Exclusion for vital signs

- Excluded from BP recording **if** see no patients 3 yo +
- Excluded from recording BP, height and weight **if** believe that all three have no relevance to their scope of practice
- Excluded from BP only **if** believe that height and weight are relevant to their scope of practice, but blood pressure is not
- Excluded from height and weight if believe that blood pressure is relevant to their scope of practice, but height and weight are not

QUESTION? Can OD's really claim that BP and Height and weight are not relevant to scope of practice??

Menu EHR Objectives Stage 1 5/9 including #1 or #2

1. **PH**-Submit electronic data to immunization registries
2. **PH**-Submit electronic syndromic surveillance data to public health agencies
3. Drug formulary checks
4. Incorporate clinical lab-test results
5. Generate lists of patients by specific conditions
6. Send reminders to patients for preventive/follow-up care
7. Patient-specific education resources
8. Medication reconciliation
9. Summary of care record for transitions of care

Menu EHR Objectives Exclusions Possible

1. **Submit electronic data to immunization registries**

   Exclusions

   - You don't administer immunizations
   - There's no immunization registry to send information
   - It is prohibited

2. **Submit electronic syndromic surveillance data to public health agencies**

   Exclusions:

   - No collection of any reportable syndromic data during EHR reporting period
   - There's no immunization registry to which you can send information
   - It is prohibited

Check with your local or state public health agencies to determine if required and to obtain details

Clinical Quality Measures - CQM

- Tools to measure/track quality of health care services
- Many aspects of patient care including:
  - health outcomes
  - clinical processes
  - patient safety
  - efficient use of health care resources
  - care coordination
  - patient engagements
  - population and public health
  - adherence to clinical guidelines

Measuring /reporting CQMs helps ensure delivering effective, safe, efficient, patient-centered, equitable, and timely care

CQM Reporting Options 2015

- **Options that only apply for EHR Incentive Program**
  - Option 1: Attest to CQMs through EHR Registration & Attestation System
  - Option 2: eReport CQMs through PQRS Portal
- **Options that Align with Other Quality Programs**
  - Option 3: Report individual eligible professionals' CQMs through PQRS Portal
  - Option 4: Report group's CQMs through PQRS Portal
  - Option 5: Report group's CQMs through Pioneer ACO participation or Comprehensive Primary Care Initiative participation

Clinical Quality Measures

- No thresholds to meet—simply have to report data on CQM
- No calculations for CQM!
- Certified EHR will produce

  But must enter data exactly as your certified EHR produced it so it is reported properly

CQM 2105 Stage 1 or Stage 2

- Reporting of CQMs changed in 2014
  - Regardless of whether Stage 1 or Stage 2 MU
- Must report on 9/64 approved CQMs
  - Recommended core CQMs encouraged but not required
  - 9 CQMs for the adult population
  - 9 CQMs for the pediatric population
  - NQF 0018 strongly encouraged since controlling blood pressure is high priority goal in many national health initiatives

- Cannot be excluded from reporting 9 CQM but zero is an acceptable value to report **HOWEVER**, for **PQRS EHR** reporting option, you must report at least 1 measure to meet PQRS requirements

National Quality Strategy (NQS)

CQMs must cover at **least 3** of NQS Domains

1. Patients and Family Engagement
2. Patient Safety
3. Care Coordination
4. Population/Public Health
5. Efficient Use of Healthcare Resources
6. Clinical Process/Effectiveness

Adult Recommended Core CQM Stage 1 or Stage 2

1. **Controlling High Blood Pressure ***
2. Use of High-Risk Medications in the Elderly
3. **Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention ***
4. Use of Imaging Studies for Low Back Pain
5. Preventive Care and Screening: Screening for Clinical Depression and Follow-Up Plan
6. **Documentation of Current Medications in the Medical Record***
7. Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up
8. Closing the referral loop: Receipt of specialist report
9. Functional status assessment for complex chronic conditions

CQM 2015 Stage 1or 2 Include 92000 codes

1. Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention (Population/Pubic Health)
2. Diabetes: Eye Exam (Clinical Process/Effectiveness)
3. Primary Open-Angle Glaucoma (POAG): Optic Nerve Evaluation (Clinical Process/Effectiveness)
4. **Diabetic Retinopathy: Documentation of Presence or Absence of Macular Edema and Level of Severity of Retinopathy(Clinical Process/ Effectiveness)**
5. Diabetic Retinopathy: Communication with the Physician Managing Ongoing Diabetes Care (Clinical Process/ Effectiveness)

CQM 2015 Stage 1 or 2 Include 92000 codes

6. Documentation of Current Medications in the Medical Record (Patient Safety)
7. Closing the Referral Loop: Receipt of Specialist Report (Care Coordination)
8. Hemoglobin A1c Test for Pediatric Patients (Clinical Process/ Effectiveness)
9. Preventive Care and Screening: Screening for High Blood Pressure and Follow Up Documented. (Population/ Public Health)

CQM 2015 Stage 1 or 2 99000 codes only

1. Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up Plan (Population/Public Health)
2. Improvement in Blood Pressure (Clinical Process/Effectiveness)
3. Controlling High Blood Pressure (Clinical Process/Effectiveness)
4. Preventive Care and Screening: Influenza Immunization (Population/Public Health)
5. Pneumonia Vaccination Status for Older Adults (Clinical Process/ Effectiveness)

Clinical Quality Measures 2015 Stage 1 or Stage 2

Removed CQM as separate core objective for Stage 1 for EP

Providers no longer have to meet or attest to this objective for EHR Incentive Programs

BUT

Still required to report CQM to achieve MU

Must report on 9/64 CQM

Stage 2 MU

- MU under Stage 2 criteria
  - 17 core objectives
  - 3/6 menu objectives
  - Total = 20 objectives
  - AND 9/64 CQM
- Most of Stage 1 objectives are core objectives under Stage 2
- Threshold required has been raised for many objectives

Stage 2 MU

- New objectives introduced for Stage 2
- Most new are menu objectives for Stage 2
- Many Stage 2 objectives have exclusions so do not have to meet objectives outside normal practice scope

Stage 2 MU Core Objectives

Report on all 17 Core Objectives:

1. Use computerized provider order entry (CPOE) for medication, laboratory and radiology orders
2. Generate and transmit permissible prescriptions electronically (eRx)
3. Record demographic information
4. Record and chart changes in vital signs
5. Record smoking status for patients 13 years old or older
6. Use clinical decision support to improve performance on high-priority health conditions
7. Provide patients the ability to view online, download and transmit their health information (NEW)
8. Provide clinical summaries for patients for each office visit
9. Protect electronic health information created or maintained by the Certified EHR Technology

Stage 2 MU Core Objectives

10. Incorporate clinical lab-test results into Certified EHR Technology
11. Generate lists of patients by specific conditions to use for quality improvement, reduction of disparities, research, or outreach
12. Use clinically relevant information to identify patients who should receive reminders for preventive/follow-up care
13. Use certified EHR technology to identify patient-specific education resources
14. Perform medication reconciliation
15. Provide summary of care record for each transition of care or referral –for >50% and >10% must be electronic
16. Submit electronic data to immunization registries
17. Use secure electronic messaging to communicate with patients on relevant health information (NEW)

Stage 2 MU Core Objectives

Core Objective 15

Provide summary of care record for each transition of care or referral

>50% of care transition/referrals

>10% must be electronic summary of care record

AND

Must either

a) conduct one or more successful electronic exchanges of a summary of care record with a recipient using technology that was designed by a different EHR developer than the sender's

b) conduct one or more successful tests with the CMS-designated test EHR during the EHR reporting period

Core Measure 15 Exemptions

Provider who transfers a patient to another setting or refers a patient to another provider **less than 100 times during the EHR reporting period** is excluded from Measure 15

Stage 2 MU Core Objectives

Core Objective 17

Use secure electronic messaging to communicate with patients on relevant health information

>5 percent of unique patients seen by during the EHR reporting period

Stage 2 MU Menu Objectives

Report on 3 of 6 Menu Objectives:

1. Submit electronic syndromic surveillance data to public health agencies
2. Record electronic notes in patient records
3. Imaging results accessible through CEHRT
4. Record patient family health history
5. Identify and report cancer cases to State cancer registry
6. Identify and report specific cases to a specialized registry (other than cancer registry)

Medicare Access and CHIP Reauthorization Act (MACRA)

- 2019: Combines the following into Merit-Based Incentive Payment System (MIPS)

1. Physician Quality Reporting System (PQRS)
2. Electronic Health Record (EHR) Meaningful Use Program
3. Value Based Modifier (VBM) Program

But what is the Value Based Modifier????

Value Based Modifier (VBM)

- What it is **NOT**
  - Not a coding modifier added to claims
- What it **IS**
  - Compilation of quality and efficiency data
  - Impacts **ALL** Medicare Physicians
  - Beginning in 2015 (YES THIS YEAR) will impact majority of optometrists
  - 2017 reimbursement impact based on 2105 performance
  - Compiles costs of individual physician's care compared with outcomes
  - All physicians at risk for being paid less than normal Medicare fee-for-service rates

Value Based Modifier (VBM)

- **HOW** VBM impact is determined?
  - CMS analysis for physician's score will be categorized the following:

1. **Quality**: Low quality, average quality or high quality.
2. **Cost**: Low cost, average cost, high cost.
   Physicians will receive reimbursement based on score
   a) Increase reimbursement
   b) No change in reimbursement
   c) Reimbursement penalty

VBM and MIPS

- VBM will not only impact reimbursement in 2017 **AND** participation in VBM program will help optometrists as Merit Based Incentive Program (MIPS) in implemented

- Under MIPS, optometrists will continue to be annually evaluated based on the quality and costs of the care provided to patients

VBM 2015

- **What to Do in 2015 to Avoid VBM Payment Penalties in 2017??**
  - **PARTICIPATE IN PQRS IN 2015!**
  - **Where have you heard this over and over again????**
- **2016 and on:**
- **If do not participate in PQRS, then BOTH PQRS penalty and VBM penalty**

  PQRS penalty = 2%

  VBM penalty:
  - Solo and 2 to 9 EPs groups penalty= 2% → **total 4%**
  - 10 + EPs groups penalty=4% → **total 6%**

2017 Payment Adjustments

Program	Applicable to	Adjustment Amount	Based on PY
PQRS	All eligible professionals (EPs)	-2.0% of Medicare Physician Fee Schedule (MPFS)	2015
Medicare EHR Incentive Program	Medicare physicians (if not a meaningful user)	-3.0% of MPFS	2015
Value-based Payment Modifier	All physicians in groups with 2+ EPs and physicians who are solo practitioners	**Mandatory Quality-Tiering for PQRS reporters-** **Groups with 2-9 EPs and solo practitioners:** Upward or neutral VM adjustment only based on quality-tiering (+0.0% to +2.0x of MPFS) **Groups with 10+ EPs:** Upward, neutral, or downward VM adjustment based on quality-tiering (-4.0% to +4.0x of MPFS) Groups and solo practitioners receiving an upward adjustment are eligible for an additional +1.0x if their average beneficiary risk score is in the top 25% of all beneficiary risk scores nationwide. **Non-PQRS reporters-** **Groups with 2-9 EPs and solo practitioners:** automatic -2.0% of MPFS downward adjustment **Groups with 10+ EPs:** Automatic -4.0% of MPFS downward adjustment	2015

Summary of 2015 Penalties

- **PQRS Failure to Participate** -2% MPFS
- **Medicare EHR Meaningful Use Failure** -3% MPFS
- **Value Based Modifier NON-PQRS Participants**
  - Non- PQRS Solo and 2-9 provider groups -2% MPFS
  - Non-PQRS 10+ provider groups -4% MPFS
- **Value Based Modifier PQRS Participants**
  - PQRS Solo and 2-9 provider groups 0% to +2x MPFS (x=quality tiering)
  - PQRS 10+ provider groups -4% to +4x MPFS (x= quality tiering)
  - Groups and solo eligible for additional +1x MPFS IF in top 25% quality tiering in nation
- **Potential to LOSE 7-9% of your Medicare Reimbursement- does not even include the 2% reduction from Sequestration!!**


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MEASURES AND OUTCOMES REGISTRY FOR EYECARE
BY PROMETHEUS | RESEARCH

AOA MORE

MEASURES AND OUTCOMES REGISTRY FOR EYECARE

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- Medicare Access and CHIP Reauthorization Act of 2015 (MACRA)
  - Game changer!
    - Combines PQRS Reporting, Meaningful Use, Physician Payment modifier for maximum reimbursement
      - 12-27% payment increases for meeting quality targets
      - Payment reductions for those not meeting quality targets!
      - It's budget neural
  - Will require a REGISTRY for you to achieve highest quality targets

- Benchmark and Outcomes
  - Helping you in your exam room
- Advocacy
  - Optometry writes it's own script!
- Evidence-Base

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MEASURES AND OUTCOMES REGISTRY FOR EYECARE

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- Cost to use AOA MORE?
  - $0.00 for AOA Members!
  - AOA Members *deserve* it

AOA MORE

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- **Now**
  - RevolutionEHR
  - Compulink
  - MaximEyes
- **Coming Soon**
  - Eyefinity/OfficeMate
  - Williams Practice Director
  - Crystal PM
  - NextGen
  - others

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AOA MORE will:

- Analyze outcomes of all clinical (cumulative) data for improved patient care
- Give OD's a private view of their benchmark performance compared to peers
- Support Merit-based Incentive Payment System (PQRS, Meaningful Use and other clinical quality improvement measures)
- Advocate for the profession

Enroll Today

If you would like to sign up for the Registry, click Enroll.

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Continuing the health insurance industry's march further away from fee-for-service medicine, UnitedHealth Group UNH -1.62% (UNH) executives said this week they will increase value-based payments to doctors and hospitals by 20 percent this year to "north of $43 billion."

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Why Aetna Is Shifting to a Value-Based Payment Model

Traditionally, healthcare providers (XLV), like hospitals and physicians, in the US have been reimbursed based on the volume of services provided.

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Medicare PQRS Penalty Will Nick 470,000 Clinicians in 2015

The Medicare program will shave its reimbursement this year by 1.5% for roughly 470,000 clinicians, including 240,000 physicians, because they flunked its Physician Quality Reporting System (PQRS) program in 2013...

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- AOA MORE Time Line
  - 2015
    - Rollout
    - Educate ODs
    - Sign up and start using
    - Takes about 30 days once you sign up to see your data
    - Functions will expand every 2 months

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- AOA MORE Time Line
  - 2016
    - CMS required "practice year" for all users
    - You still submit your PQRS?
      - Yes for now, unless a CMS rule change gets approved
  - 2017
    - AOA MORE will submit your data
      - By rule, the 2017 data is submitted in Jan-Feb 2018


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Resources

CMS Stage 2 Resource

http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Stage_2.html

AOA Meaningful Use Resources

http://www.aoa.org/optometrists/tools-and-resources/medical-records-and-coding/mu

AOA Value Based Modifier Resources

http://www.aoa.org/advocacy/federal-advocacy/regulatory-issues/medicare/cms-value-based-payment-modifier

AOA Coding Resources including PQRS

http://www.aoa.org/coding

Thank you!!!

HAPPY CODING!!