Quality Update
CY 2014 Medicare Physician Fee Schedule
December 12, 2013

Physician Quality Reporting System (PQRS)
CMS has outlined new requirements for the 2014 PQRS incentive and the 2016 payment adjustment and the PQRS measure set as follows. The penalty for failure to report PQRS has increased from 1.5% to 2%.

- The *National Quality Strategy (NQS) Domains* are:
  1. Person and Caregiver-Centered Experience
  2. Patient Safety
  3. Communication and Care Coordination
  4. Community and Population health
  5. Efficiency and Cost Reduction
  6. Effective Clinical Care

- In order to earn the PQRS Incentives CMS requires eligible professionals to report 9 Measures Across 3 NQS Domains via the claims-based or registry reporting mechanisms

- In order to avoid the penalties CMS is maintaining the standard of 3 measures across 1 NQS Domain in order to avoid the PQRS and Value-Based Payment Modifier (VBPM) penalties.

Total Impact of Participation in the Physician Quality Reporting System (PQRS)		
There Are Now Four PQRS Programs:	For the **2014** Reporting Period:	For the Claims-Based & Qualified Registry Reporting Mechanisms:
1. Traditional PQRS Incentive	+0.5% payment in 2015	**To Earn the Incentive**: At Least 9 Measures Across 3 NQS Domains for at least 50% of eligible Medicare patients
2. PQRS MOC Incentive	+0.5% payment in 2015	
Total Potential PQRS Incentives	**+1.0% in 2015**	
3. PQRS Penalties For Failure to Report	-2.0% in 2016	**To Avoid the Penalties**: At Least 3 Measures Across 1 NQS Domain for at least 50% of applicable Medicare patients
4. Value-Based Modifier (VBPM)* For Failure to Report PQRS*	-2.0% in 2016	
Total Potential PQRS/VBPM Penalties	**-4.0% in 2016**	

- For eligible professionals who report fewer measures than required via the claims-based and registry reporting mechanisms, the eligible professional would be subject to the Measures Applicability Validation (MAV) process, which will allow CMS to determine whether an eligible professional should have reported quality data codes for additional measures.

- CMS has *eliminated all claims-based measures groups*.

- All new measures incorporated in PQRS are available via registry-only

Physician Quality Reporting System (PQRS) *Tentative* Measures for Emergency Care †			
Measure Number	**PQRS Measure Title**	**NQS Domain**	**Reporting Mechanism**
PQRS# 28	Aspirin at Arrival for AMI	Effective Clinical Care	Claims, registry
PQRS# 31	Stroke & Stroke Rehabilitation: DVT Prophylaxis for Ischemic Stroke or Intracranial Hemorrhage	Effective Clinical Care	Claims, registry
PQRS #35	Stroke & Stroke Rehab: Screening for Dysphagia	Effective Clinical Care	Claims, registry
PQRS# 54	Emergency Medicine: 12-Lead ECG Performed for Non-Truamatic Chest Pain	Effective Clinical Care	Claims, registry
PQRS# 55	Emergency Medicine: 12-Lead ECG Performed for Syncope	Effective Clinical Care	Claims, registry
PQRS# 56	Emergency Medicine: Community Acquired Pneumonia (CAP): Vital Signs	Effective Clinical Care	Claims, registry
PQRS# 59	Emergency Medicine: Community Acquired Pneumonia (CAP): Empiric Antibiotic	Effective Clinical Care	Claims, registry
PQRS# 76	**Prevention of Catheter-Related Bloodstream Infections (CRBSI): Venous Catheter (CVC) Insertion Protocol**	***Patient Safety***	**Claims, registry**
PQRS# 91	Acute Otitis Externa (AOE): Topical Therapy	Effective Clinical Care	Claims, registry
PQRS# 93	**Acute Otitis Externa (AOE): Systemic Antimicrobial Therapy – Avoidance of Inappropriate Use**	***Communication and Care Coordination***	**Claims, registry**
PQRS#106	Adult Major Depressive Disorder: Comprehensive Depression Evaluation of Diagnosis and Severity †	Effective Clinical Care	Claims, registry
PQRS#107	Adult Major Depressive Disorder: Suicide Risk Assessment †	Effective Clinical Care	Claims, registry
PQRS# 187	Stroke & Stroke Rehabilitation: Thrombolytic Therapy	Effective Clinical Care	*Registry Only*
PQRS# 228	Heart Failure (HF): Left Ventricular Function (LVF) Testing	Effective Clinical Care	*Registry Only*
~~PQRS# 252~~	~~Anti-coagulation for Acute Pulmonary Embolism Patients~~	*Retired*	*Retired*
PQRS# 254	Ultrasound Determination of Pregnancy Location for Pregnancy Patients with Abdominal Pain	Effective Clinical Care	Claims, registry
PQRS# 255	Rh Immunogloulin (Rhogam) for Rh-Negative Pregnancy Women at Risk of Fetal Blood Exposure	Effective Clinical Care	Claims, registry
PQRS# 317	**Preventive Care and Screening: Screening for High Blood Pressure**	***Community and Population Health***	**Claims, registry**

* Measures in **bold** represent opportunities to earn the PQRS incentive(s) with ***additional NQS Domains***

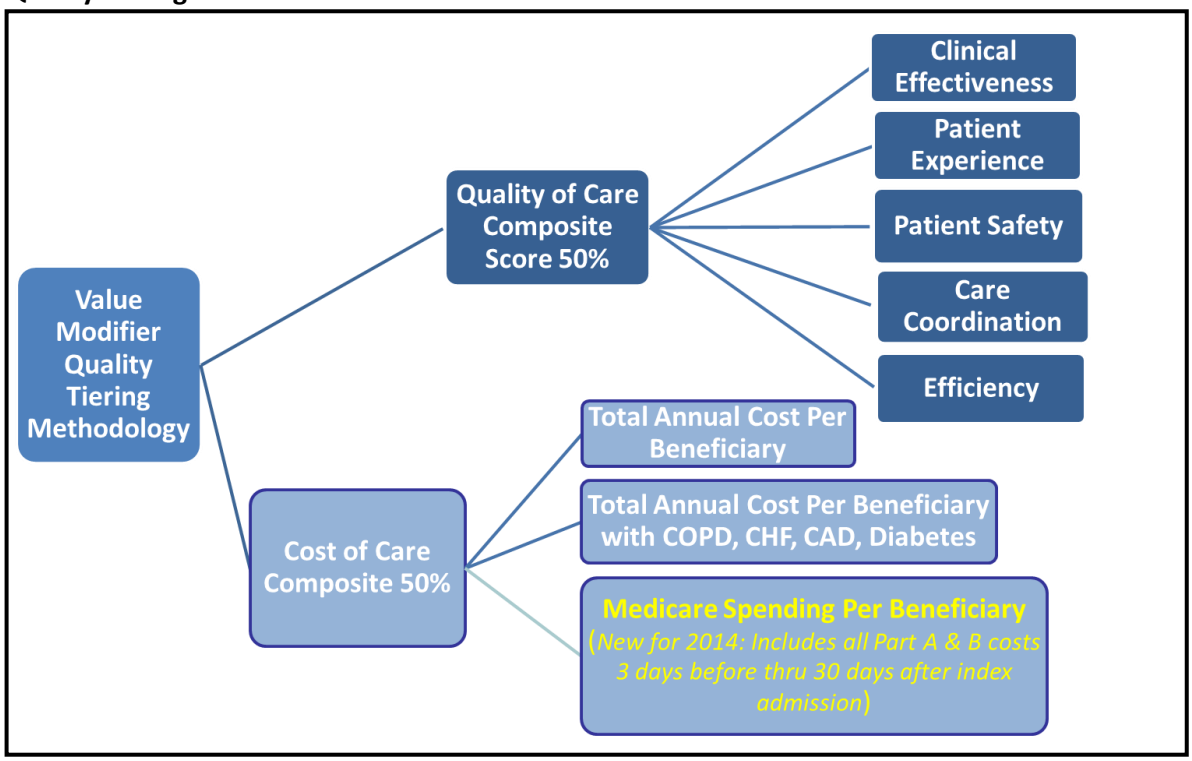
† Tentative list of quality measures relevant to emergency care pending CMS finalization of measure specifications, which will be available at http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/index.html by January 1, 2014.

Value-Based Payment Modifier (VBPM)

As required by the Affordable Care Act, CMS continues to phase in implementation of the VBPM by applying it to smaller groups of eligible professionals, by increasing the amount of payment at risk to 2%, and by refining methodologies used to calculate the modifier as follows.

- Please note that for the purposes of the PQRS & VBPM ***eligible professionals*** are defined as *MDs, DOs, PAs, NPs, and other advanced practice providers*. For a complete list *click here*.
- CMS will apply the VBPM to groups of physicians with *10 or more eligible professionals* (EPs) in 2016 based on the 2014 reporting period (down from 100 or more for the 2013 reporting period)
- *For groups with 100 or more EPs "quality-tiering" for an upward, neutral, or downward adjustment is mandatory* for the 2016 VBPM based on 2014 reporting in the new value-based paradigm similar to value-based purchasing for hospitals.

Quality Tiering for the CY 2014 Performance Period for the 2016 Value-Based Modifier



- For the 2016 VBPM (2014 reporting period) groups with between 10-99 EPs will be subject only to an upward or neutral adjustment
- CMS also proposes to increase the downward adjustment from 1.0% in CY 2015 (2013 reporting period) to 2.0% for CY 2016 (2014 reporting period) for group practices which do not satisfy PQRS.
- For those who successfully report PQRS, the 2016 VBM payment modifier amounts will be as follows, with the upward payment adjustment factor ("x") determined after the performance period has ended based on the aggregate amount of downward payment adjustments:

2016 Value Modifier/ CY 2014 Performance Period			
Cost/Quality	Low Quality	Average Quality	High Quality
Low Cost	+0.0%	+1.0x*	+2.0x*
Average Cost	-1.0%	+0.0%	+1.0x*
High Cost	-2.0%	-1.0%	+0.0%

* Groups of physicians eligible for an additional +1.0x if reporting PQRS quality measures and average beneficiary risk score is in the top 25% of all beneficiary risk scores

- A group of *10 or more eligible professionals* subject to the 2016 VBPM and the PQRS Group Practice Reporting Option (GPRO) would qualify as "satisfactory" reporting as a group *if at least 50% or more of the individual EPs in the group avoid the Value-Based Payment Modifier 2016 payment adjustment*, based on the 2014 PQRS reporting period.
- PLEASE NOTE: *those individuals who do not submit PQRS measures will still be subject to the PQRS payment adjustment of 2%.*
- CMS finalized the ***Medicare Spending Per Beneficiary (MSPB)*** measure to the cost composite for the cost portion of the modifier. An MSPB episode is defined as all Medicare Part A and Part B payments that span *from 3 days prior to an inpatient admission through 30 days post-discharge*. More information on the MSPB price standardization and risk adjustment methodology can be found *here*.
- CMS finalized a single attribution methodology where the MSPB episode will be attributed to the group of physicians (identified by the TIN) that furnished *the plurality of Part B services during the index inpatient admission.*

Physician Compare

- Currently Physician Compare identifies individuals and group practices that have satisfactorily reported under PQRS, e-prescribing, or Medicare EHR incentive programs.
- In 2015, CMS will publicly report 2014 PQRS performance data for individual physicians and/or physician groups for all claims, EHR, or registry reported measures.
- CMS will provide a 30-day preview period prior to any publication of any quality data.

ACEP continues to monitor the growing level of complexity of the CMS quality reporting and value-based payment programs, and we will continue to analyze these changes for effects on emergency medicine.

---For quality questions please contact Stacie Jones at sjones@acep.org