# Physician Quality Reporting System

American College of Emergency Physicians®
ADVANCING EMERGENCY CARE

**Successfully Navigating the Medicare Physician Quality Reporting System**

## ◆ Physician Quality Reporting System (PQRS)

On October 31, 2014, the Centers for Medicare and Medicaid Services (CMS) released the **2015 Medicare Physician Fee Schedule Final Rule**, which makes significant changes to federal quality reporting requirements and holds physicians to an increasingly high bar. Satisfactory participation in PQRS becomes especially critical as 2015 marks the official end of PQRS incentive payments as the program transitions to penalties only. The 2015 PQRS reporting year also will determine an additional payment adjustment under the Value Modifier (VM) in 2017, which now applies to all physicians and carries stiffer penalties for large groups.

| Increasing Impact of Physician Quality Reporting System (PQRS) Participation | | |
|---|---|---|
| | **2014 Performance Year** | **2015 Performance Year** |
| **PQRS** | | |
| Traditional PQRS Incentive | +0.5% payment in 2015 | ~No Incentives~ |
| PQRS MOC Incentive | +0.5% payment in 2015 | |
| Total Potential PQRS Incentives | +1.0% in 2015 | |
| Penalty for Failure to Satisfy PQRS | -2.0% in 2016 | -2.0% in 2017 |
| **Value Modifier** | | |
| Additional VM Penalty for Failure to Satisfy PQRS | -2.0% in 2016 | -4.0% in 2017 |
| **Total Potential Penalties** | **-4.0% in 2016** | **Up to -6.0% in 2017** |

In order to avoid the PQRS adjustment CMS requires eligible professionals to report 9 measures across 3 *National Quality Strategy domains* which must also include at least *one* "cross-cutting" measure:

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

## ◆ "Cross-Cutting" Measures

This year CMS also finalized a newly designated list of **"cross-cutting" measures**, which represent a core set of measures that CMS feels addresses critical improvement gaps that apply across specialties. The cross-cutting measure for emergency care is PQRS # 317: Preventive Care and Screening: Screening for High Blood Pressure and Follow-Up Documented.

## ◆ PQRS-CAHPS Required for Groups of 100 or More

- CMS has finalized that **all groups of 100 or more eligible providers** that register to participate in GPRO, regardless of reporting mechanism the group practice chooses, **must also** select a CMS-certified vendor to administer the "**PQRS-CAHPS**" survey on their behalf (formerly known as Clinician Groups-CAHPS).
- This requirement is **in addition to** all the other group practice reporting options such as "qualified registry". However, this requirement does **not** apply to the "qualified ***clinical*** data registry" (QCDR) option.
- CMS confirms that beginning in 2015, it will no longer be feasible for CMS to bear the cost of group practices of 100 or more eligible professionals to report the CAHPS for PQRS survey measures.

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## ◆ 2015 PQRS Measure Updates

CMS has **retired 50 measures** from the PQRS program in 2015 including the following 4 out of the 7 measures from the 2014 emergency care cluster:

- #28: Aspirin for AMI
- #55: 12-Lead ECG for Syncope
- #56: Community Acquired Pneumonia (CAP): Vital Signs
- #59: CAP: Empiric Antibiotic

PQRS Measures potentially relevant to emergency physicians in 2015 are listed below. Please review the detailed coding of each measure in the **2015 PQRS Measures Specifications Manual**:

| Potential Measures for Emergency Care | | | | |
|---|---|---|---|---|
| **Measure #** | **NQS Domain** | **Quality Measure Title** | **Reporting Mechanism** | **MAV Cluster** |
| PQRS #54 | Clinical Effectiveness | Emergency Medicine: 12-Lead Electrocardiogram (ECG) Performed for Non-Traumatic Chest Pain | Claims, Registry | ***Claims: Cluster 4*** Registry: none |
| PQRS #76 | Patient Safety | Prevention of CRBSI: Central Venous Catheter (CVC) Insertion Protocol | Claims, Registry | Claims: Cluster 12-Anesthesiology Registry: Cluster 24-Anesthesiology Can report #76 alone, not subject to MAV |
| PQRS #91 | Clinical Effectiveness | Acute Otitis Externa (AOE): Topical Therapy | Claims, Registry | Claims: Cluster 7 Registry: Cluster 12 |
| PQRS #93 | Efficiency | Acute Otitis Externa (AOE): Systemic Antimicrobial Therapy – Avoidance of Inappropriate Use | Claims, Registry | Claims: Cluster 7 Registry: Cluster 12 |
| PQRS #187 | Clinical Effectiveness | Stroke and Stroke Rehabilitation: Thrombolytic Therapy (tPA); also known as hospital STK-4 | Registry only | Reg istry Cluster: 21 Registry only |
| PQRS #254 | Clinical Effectiveness | Ultrasound Determination of Pregnancy Location for Pregnant Patients with Abdominal Pain | Claims, Registry | ***Claims: Cluster 4*** Registry: none |
| PQRS #255 | Clinical Effectiveness | Rh Immunoglobulin (Rhogam) for Rh-Negative Pregnant Women at Risk of Fetal Blood Exposure | Claims, Registry | ***Claims: Cluster 4*** Registry: none |
| PQRS # 317 ***Cross-Cutting*** | Community-Population Health | Preventive Care and Screening: Screening for High Blood Pressure and Follow-Up Documented | Claims, Registry | ***Cross-Cutting*** Claims & Registry |
| PQRS #326 | Clinical Effectiveness | Atrial Fibrillation and Atrial Flutter: Chronic Anticoagulation Therapy; aka hospital STK-3 | Claims, Registry | Claims: none Registry: none |

## ◆ Measure Applicability Validation (MAV) process

- An eligible provider can still satisfy PQRS and avoid the penalty by reporting on less than 9 measures, but would be subject to the MAV process to determine whether he/she reported on as many measures as are applicable, and will also determine if they could have reported on any cross cutting measures
- It should be noted that for 99% of emergency providers they will not have any Medicare patients that fall into measures #91, #93, #254, and #255 above, so it is highly unlikely that those measures would be counted toward the nine measure goal for most providers.
- Emergency physicians should also beware of reporting on any measures outside of their cluster (with the exception of #76 and #317) as reporting additional measures may trigger additional clusters as noted in the table above.
- For more detailed information about the MAV for both registries and claims please visit: http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/AnalysisAndPayment.html
- On January 19, 2015 CMS released the 2015 Measures Applicability Validation (MAV) process and they identified the following **Claims-Based MAV for Emergency Care = Cluster 4 + 1 Cross-Cutting Measure**:

| | | | | |
|---|---|---|---|---|
| **Cluster 4** | **Emergency Care** | **54** | Effective Clinical Care | Emergency Medicine: 12-Lead Electrocardiogram (ECG) Performed for Non-Traumatic Chest Pain |
| | | **254** | Effective Clinical Care | Ultrasound Determination of Pregnancy Location for Pregnant Patients with Abdominal Pain |
| | | **255** | Effective Clinical Care | Rh Immunoglobulin (Rhogam) for Rh-Negative Pregnant Women at Risk of Fetal Blood Exposure |
| + | **Cross-Cutting** | **317** | Population & Community Health | Preventive Care and Screening: Screening for High Blood Pressure and Follow-Up Documented |