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Barriers to reporting PQRS

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Understanding and overcoming barriers to PQRS and VBM Compliance

As Medicare nears 50% of all healthcare payments in the US, it's no wonder that CMS is focusing on the value for the dollar. Many physicians and practices over past few years did not see the value for participating in PQRS as the stakes were not high enough. However now that the Value Modifier is in full effect, individu physicians can be impacted as much as 4%, and large groups as much as 6% of Medicare reimbursements annually. Some physicians and groups began to com years back, however there are many who didn't and for various reasons. In this blog, I will discuss several barriers keeping physicians and groups from reporting for PQRS and possible solutions.

1) EHR Capability – Many EHR's have been impacted by changing requirements and therefore may not have the ability to extract quality PQRS data in the spec format required by CMS. For EHR's that do not have the ability to align with MU, PQRS quickly becomes an undertaking that may be a daunting task for a practic any size, but more so for a small practice. There is a possible work around in this scenario i.e. of choosing a PQRS Measures Group. This optiongreatly reduces t amount of data to be reported manually versus electronically with an EHR. A provider only needs to gather and report data on 20 patients, out of which at least must be Medicare patients.

2) Limited PQRS Measures – The most common instance for having limited PQRS measures to report i.e. less than 9 required measuresand/or less than 3 NQS domains, could be caused by type of provider specialty and patient care provided. In our experience some Hospitalists, Emergency Medicine, Anesthesiologist and other specialist who see a narrowly focused group of patients may not haverelevant measuresavailable to them in order to satisfactorily report for PQRS. It is in this situation that you may be best served by reporting based on individual PQRS measures as a GPRO, or if you are not registered to reportas a group, then MAV process may be your only option. (In some cases there is the possibility to report outside the specialty specific measures based off the type of patients and codes that the provider sees.)

Reporting Year / Payment Year	2016 / 2018
	PQRS Penalty
Eligible Providers (1 - 9)	-2%
Eligible Providers (greater than 10)	-2%
	VBM Penalty
Eligible Providers (1 - 9)	-2%
Eligible Providers (greater than 10)	-4%
	Total Penalty
Eligible Providers (1 - 9)	-4%
Eligible Providers (greater than 10)	-6%
Note: Eligible providers include MD, NP, CRMA, PA, CNS	

3) Specialty Specific Restrictions - There are several ways one can go about delineating which method and measures are best to report. However our consult approach is typically six fold:

Gather patient billing data for at least 6 months e.g. ICD & CPT data from January – June 2016

Analyze the data for possible reportable measures

Determine which measures are most relevant and cost effective to implement

Preferably select high value measures to maximize VBM incentives

Recommend most beneficial method and measures to report for the practice

Monitor PQRS reportable data on a regular basis to ensure compliance

4) Contractual Access to Data -PQRS is reported at the TIN level. Therefore if a large number of patients are seen at a facility and/or EHR outside of your cont your entity may not have the rights to collect and PQRS report data. Therefore the contracts with controlling entity e.g. a hospitalmay need to be re-negotiated i order to access data and have the ability to report.

The spreadsheet below is a snap shot of the methods available to report for PQRS. It includes a general layout of the reporting methods and criteria, and pros andcons of each method. This is not an exhaustive list, and may not include all benefits and disadvantages for each method.

Reporting Method	Criteria	Intended for	Pros	Cons
Registry	- Support at least 1 measures group for 20-patient sample, (at least 11 out of 20 must be Medicare) - MAV available	-Individual EP's -Groups of 2-99 EP's -Groups of 100+ in conjunction with CAHPS	-Qualified entity submits data on your behalf -Must choose from a list of 2016 - Qualified Registries available on CMS	-Could be time intensive and require multiple resources providing analysis and data entry -Finding the right registry could be time intensive
DSV	-Data Submission Vendor (DSV) pulls measures data fromEHR	-Individual EP's -Groups of 2-99 EP's	-Aligns MU & PQRS efforts	-May not be available for your EHR

EHR		and reports to CMS on your behalf	-Groups of 100+ in conjunction with CAHPS		- Additional cost associated With bringing on a DSV
	Direct EHR	-EHR product directly submits measures data to CMS	-Individual EP's -Groups of 2-99 EP's -Groups of 100+ in conjunction with CAHPS	-Streamlined process, Minimize resources associated with gathering and submitting data	-Normally there are costs associated with direct submission servicesprovided
(QCDR)		-At least 9 measures across 3 NQS -Must follow given QCDR data submissioninstructions - Individual measures only - No MAV available	-Individual EP's -Groups of 2-99 EP's -Groups of 100+ in conjunction with CAHPS	-Provides up to 30 additional specialty specific measures -CAHPS fulfills cross-cutting measure requirement	-Does not support measures groups (maximum 30 non PQRS measures all payers)
Web Interface		-Register prior to June 30,2016 -Must report for at 100% of assigned beneficiaries, 18 measures over 248 patients	-Groups of 25-99 EP's -Groups of 100+ with CAHPS	-EHR may have app or tool to pull data	-Could be time intensive and require multiple resources providing analysis and data entry
Claims		-At least 9 measures across 3 NQS domains -50% of Part B Medicare claims - 0% performance rate will not be counted	-Individual EP's only	-Part of routine billing process -EHR vendor/ registry not needed to submit data	- Very time intensive and 2016 last year to report

References:

PQRS Implementation Guide
Registration Quick Reference Guide
How to Register for the 2016 PQRS Group Practice Reporting Option
Registry Reporting Made Simple
CMS EIDM User Guide
Measure-Applicability Validation (MAV) Process
Payment Adjustment Information
Qualified Clinical Data Registry (QCDR)
Electronic Health Record (EHR) Reporting
GPRO Web Interface Reporting Made Simple
GPRO Web Interface Q & A
List of 2015 Qualified Registries

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