

Summary of PQRS Changes for CY 2014 Reporting

CMS proposes aligning the criteria for earning an incentive payment and being penalized based on 2014 reporting. For 2014, CMS sets the incentive payment for satisfactory participation in PQRS at .05% of all Medicare Part B charges. *For 2014 and beyond, CMS has set the penalty for unsatisfactory participation in PQRS at -2% of all Medicare Part B charges. Incentives are awarded in the performance year and penalties are applied to the reporting year, which is 2 years after the reporting year (e.g. 2014 reporting penalties would be applied to 2016 payments).*

PQRS Changes in 2014

CMS Changes to Measures and Measure Groups for CY 2014 Reporting

- **CMS FINALIZED 285 individual measures for inclusion in the 2014 PQRS program, including 4 of the Academy's Sinusitis Measures for inclusion in 2014 and beyond.**
 - CMS responded to our inquiry as to why this was only approved for reporting via registry and stated that for all new measures they are approved for registry only initially, however, they will continue to work toward complete alignment and if possible will include this measure for EHR-Based reporting in the future.
- **CMS did not finalize the proposed increase in the minimum number of measures in a measures group from 4 to 6 for CY 2014.** They do state, however, that they plan to increase this minimum number in the future. As a result, CMS also does not finalize the proposed addition of measures to measures groups with less than 6 measures. CMS adds that it will work with the measure developers and owners of these measures groups to appropriately add measures to measures groups that only contain four measures.
- **CMS finalized the General Surgery measures group for 2014** (but removed PQRS measure #130: Documentation of Current Medications in the Medical Record or PQRS measure #226: Preventive Care, and without the proposed Iatrogenic Injury to Adjacent Organ/Structure measure from the finalized measure group), and combines the proposed Gastrointestinal Surgery measures group with the General Surgery measures group to decrease reporting burden on EPs.
- **CMS also finalized the new Patient-Centered Surgical Risk Assessment and Communication measure for reporting via registry or measures group in 2014.**
- **CMS is deleting 10 measures** that were previously reportable by ENTs or their practices, including: Referral for otologic evaluation for patients with congenital or traumatic deformity of the ear (deleted due to low utilization); eight Functional Communication Measures previously stewarded by ASHA (deleted due to loss of measure owner support); and Smoking and Tobacco use cessation, medical assistance (deleted due to EHR MU Stage 2 alignment).

CMS Changes to Reporting Methods for CY 2014

- CMS eliminated the option to report measure groups via claims for individual EPs in CY 2014. Individuals may now ONLY reporting measure groups via registry.
- CMS reduced the percentage of patients EPs must report on using Registry reporting from the previous 80% to 50% for CY 2014 reporting. This is now consistent with the patient threshold requirements for reporting via claims.

Changes to Individual Reporting in CY 2014

- **Reporting via Claims** – CMS has increased the number of measures Individual EPs must report on from the prior 3 to 9 measures (across 3 quality domains, for 50% of beneficiaries) for CY 2014 reporting. EPs who report on less than 9 measures will be subject to the MAV process.
- **Reporting via Registry** – CMS has increased the number of measures Individual EPs must report on from the prior 3 to 9 measures (across 3 quality domains, for 50% of beneficiaries) for CY 2014 reporting. EPs who report on less than 9 measures will be subject to the MAV process.
- **Reporting via Qualified Clinical Data Registry (NEW)** – CMS finalized the new QCDR reporting option for individual reporting in CY 2014.
- **CMS finalizes exceptions for individuals reporting via Claims and Registries for CY 2014 to avoid 2016 payment penalty.** These EPs will not be eligible for the 2014 bonus payment, however. *See detail below.*

Changes to Group Reporting in CY 2014

- CMS revised the deadline by which Group Practices choosing to report for PQRS via the Group Practice Reporting Option (GPRO) must self-nominate from the previous October 15th of the reporting year, to a new deadline of September 30th of the reporting year.

- CMS finalized a new group reporting option for groups of 25-99 EPs to report, via a CMS-certified survey vendor, on the CG-CAHPS survey measures. Groups selecting this reporting option will need to report using additional reporting methods in order to report on additional measures to meet the criteria for satisfactory reporting for CY 2014.
- CMS added the requirement for CY 2014 that groups of 25+ who wish to report the CG-CAHPS patient satisfaction survey measures must indicate their intent to do so when they register for the PQRS program. CMS also finalized a change to utilize a single website for Groups to self-nominate to use the GPRO reporting option as well as indicate they would like to report on CG-CAHPS measures for CY 2014.
- CMS added the requirement that groups of 100+ must report on all CG-CAHPS measures as well as the GPRO measures in the web interface.

How to Earn an Incentive Payment

1. **Determine whether to report as an individual EP or group** (which CMS defines as 2 or more EPs, as identified by those who have reassigned their Medicare billing rights to the TIN).
2. **Determine which reporting mechanism to use in 2014** (options outlined below).
 - a) **2014 Options for Individual Reporting**
Claims, Registry, Qualified Clinical Data Registry, or Electronic Health Record (EHR)
 - b) **2014 GPRO Reporting Mechanisms**
Registry, GPRO Web-Interface (available only for groups of 100+ EPs), CG-CAHPS Survey + Measure Reporting (available for groups 25-99 using GPRO web interface), or EHR.

Individual Reporting Requirements

- **Claims (Individual measures)** - Report at least 9 measures, covering at least 3 separate National Quality Strategy Domains. If less than 9 measures apply, the EP reports 1 to 8 applicable measures AND reports each measure for at least 50% of applicable Medicare Part B beneficiaries seen. If the EP reports less than 9 measures they will be subject to the Measure Applicability Validation (MAV) process to determine if they should have reported on additional measures.
 - **Exception (to avoid 2016 penalty only):** individuals reporting via claims may report 3 measures (for 50% of beneficiaries) to avoid the payment penalties in CY 2016; however, they will not qualify for the payment incentive unless they report 9 measures. CMS notes this exception is likely to be removed for CY 2015 reporting.
- **Registry (Individual measures)** (such as the Academy's *PQRSWizard*), Report at least 9 measures, covering at least 3 of the National Quality Strategy domains AND report each measure for at least 50% of the EP's Medicare Part B beneficiaries seen during the reporting period to which the measure applies. If the EP reports less than 9 measures they will be subject to the Measure Applicability Validation (MAV) process to determine if they should have reported on additional measures.
 - **Exception (to avoid 2016 penalty only):** individuals reporting via registry may report 3 measures (for 50% of beneficiaries) to avoid the payment penalties in CY 2016; however, they will not qualify for the payment incentive unless they report 9 measures. CMS notes this exception is likely to be removed for CY 2015 reporting.
- **Qualified Clinical Data Registry (QCDR) (Individual measures)** - Report at least 9 measures, covering at least 3 of the National Quality Strategy domains AND report each measure for at least 50% of the EP's Medicare Part B beneficiaries seen during the reporting period to which the measure applies. This must include at least 1 outcome measure.
 - **Exception (to avoid 2016 penalty only):** individuals reporting via a QCDR may report 3 measures (for 50% of beneficiaries) to avoid the payment penalties in CY 2016; however, they will not qualify for the payment incentive unless they report 9 measures. CMS notes this exception is likely to be removed for CY 2015 reporting.
- **EHR (individual measures)**- Report 9 measures covering at least 3 quality domains. If EP's CEHRT doesn't contain patient data for at least 9 measures across 3 domains, then the EP must report the measures for which there is Medicare patient data. EPs must report on at least 1 measure for which there is Medicare patient data.

- **Measure Groups via Registry:** Individuals may report measure groups on a 12 or 6 month reporting period (Jan 1- Dec 31 or Jul 1 – Dec 31). Individuals electing to report via Measure Groups must report ALL measures included in one (1) Measure Group for at least 20 patients (majority of which should be Medicare beneficiaries).

Measure Applicability Validation (MAV) Process

Within the 2014 final rule, CMS responds to a number of concerns (including the Academy’s regarding the lack of available measures for specialties who are extremely sub-specialized, such as Otolaryngology) related to raising the reporting requirements for individuals from 3 measures in 2013 to 9 measures in 2014, by stating that EPs who report on less than 9 measures will be subject to the MAV process to determine whether they should have reported on additional measures applicable to their specialty. CMS provides background on what is entailed in the [MAV process](#) as well as a [flow chart](#). They also note that they will post guidance on the 2014 MAV process, including a list of measure clusters they will use for the “minimum threshold” test prior to January 1, 2014 when the 2014 reporting begins.

Group Practice (GPRO) Reporting Requirements

- **Registry** (such as the Academy’s [PQRSWizard](#))- Groups must be 2+ EPs to qualify. Report at least 9 measures covering at least 3 of the National Quality Strategy domains AND report each measure for 50% of Medicare Part B beneficiaries seen during the reporting period to which the measure applies. Measures with a 0% performance rate will not be counted. Groups reporting on less than 9 measures will be subject to the MAV process.
 - **Exception (to avoid 2016 penalty only):** groups of 2+ EPs reporting via registry may report 3 measures (for 50% of beneficiaries) to avoid the payment penalties in CY 2016; however, they will not qualify for the payment incentive unless they report 9 measures. CMS notes this exception is likely to be removed for CY 2015 reporting.
- **Direct EHR product** – Groups must be 2+ EPs to qualify. Report 9 measures covering 3 quality domains. If a group’s CEHRT doesn’t contain patient data for at least 9 measures covering 3 domains, then the group must report the measures for which there is Medicare patient data. Groups must report at least 1 measure for which there is Medicare patient data.
- **CMS Certified CG CAHPS vendor + qualified registry/ EHR / or GPRO web interface:** available to groups of 25+ EPs. Report all CG CAHPS survey measures via CMS certified survey vendor, AND report at least 6 measures covering 2 quality domains using a qualified registry, EHR, or GPRO web interface.
- **GRPO Web Interface**
 - **(Groups of 100+ EPs)** - CMS maintains the web-interface for groups of 100+ EPs. Groups must report on all measures included in the web interface AND populate data fields for the first 411 consecutively ranked, and assigned, beneficiaries in the order in which they appear in the group’s sample for each disease module or preventative care measure. If the pool of beneficiaries is less than 411, then groups must report on 100% of beneficiaries. **Groups must also report on all CG-CAHPS survey measures via certified survey vendor.** For more information on how the CG-CAHPS surveys will be conducted, see p. 735 of the final rule.
 - **(Groups of 25-99 EPs)** – Groups of this size must report on all measures included in the web interface; AND populate data fields for the first 218 consecutively ranked and assigned beneficiaries in the order in which they appear in the group’s sample for each module or preventive care measure. If the pool of beneficiaries is less than 218, then report on 100 percent% of assigned beneficiaries.

3. CY 2014 PQRS Reporting Periods:

CMS has established CY 2014 (Jan. 1, 2014 – Dec. 31, 2014) as the reporting period for the CY 2016 payment adjustment. CMS has finalized **one exception to the 12 month reporting period** which will apply to individuals reporting on measure groups via qualified registries. In that instance, a 6 month reporting period will be available (July 1- December 31) for CY 2014 reporting.