Value Modifier Components	2015 Finalized Policies	2016 Finalized Policies (take effect in 2014)
Performance Year	**2013**	**2014**
Group Size	100+	**10+**
Quality Reporting Mechanisms	GPRO-Web Interface, CMS Qualified Registries, Administrative Claims	GPRO-Web Interface, CMS Qualified Registries, **EHRs**, OR **50% of EPs reporting individually** ***Note: CMS expects to raise this % threshold in future years***
Quality / Outcome Measures	• Measures reported through the GPRO PQRS reporting mechanism selected by the group **OR i**ndividual measures reported by at least 70% of the EPs within the group • All Cause Readmission • Composite of Acute Prevention Quality Indicators: (bacterial pneumonia, urinary tract infection, dehydration) • Composite of Chronic Prevention Quality Indicators: (chronic obstructive pulmonary disease (COPD), heart failure, diabetes)	**These requirements are the same for CY 2014 reporting, however, CMS also:** • Finalized that groups of physicians with 25 or more eligible professionals will be able to elect to have the patient experience of care measures collected through the PQRS CAHPS for CY 2014 included in their payment modifier for CY 2016. • If all the EPs in the group satisfactorily participate in a PQRS qualified clinical data registry in CY 2014 and CMS cannot receive quality performance data from such registry, CMS will classify the group's quality composite score as "average**"** because they would not have data to reliably indicate whether the group should be classified as high or low quality.
Patient Experience Measures	N/A	**PQRS CAHPS: Option for groups of 25+ EPs**
Cost Measures	1) Total per capita costs measure (annual payment standardized and risk-adjusted Part A and Part B costs) 2) Total per capita costs for beneficiaries with four chronic conditions: COPD, Heart Failure, CAD, Diabetes	Same as 2015 **and** **Medicare Spending Per Beneficiary measure** (includes Part A and B costs during the 3 days before and 30 days after an inpatient hospitalization)
Benchmarks	Group Comparison	**Specialty Adjusted Group Cost** **CMS also finalizes a specialty adjustment that allows for peer group comparisons related to the new cost measure for CY 2015.**
Quality Tiering	Optional	**Mandatory** Groups of 10-99 EPs receive only the upward or neutral adjustment, no downward adjustment. Groups of 100+ are subject to an upward, neutral or downward adjustment. ***Note: Groups of 100+ that furnish high quality care at high cost, for CY 2014 reporting, will not be subject to a payment penalty***
Payment at Risk	-1.0%	**-2% if you do not participate in PQRS** **-2% if you are 100+ and provide low quality/high cost care** **-1% if you are 100+ and provide either low quality/average cost or average quality/high cost care.**
Physician Feedback Reports (QRURs)	Reports sent to 24,000 providers in Iowa, Kansas, Missouri and Nebraska.	**On September 16, 2013 groups with 25+ EPs received Quality Resource Use Reports (QRURs) which reflect their performance on quality and cost reporting measures based on their 2012 PQRS reporting. All physicians can expect QRURs in late summer of 2014.**