



Performance Year 2016: PQRS Method Selection

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About Tom Lee, Ph.D. Founder & CEO of SA Ignite

Tom is a serial entrepreneur and leading expert in healthcare value-based programs such as MIPS, MACRA, Meaningful Use, and PQRS. He is the father of two small children and after a frightening personal healthcare experience, his concern for their future in the world inspired him to create a company that matched his personal passion: driving innovation in the public healthcare system. Leveraging its cloud-based physician performance analytics and reporting platform, SA Ignite has grown to serve 13,000+ physicians in 80+ healthcare organizations. Tom is a member of the Young Presidents' Organization and earned a B.S. with Distinction in Physics from Stanford, a Ph.D in Physics from U.C. Berkeley where he was a National Science Foundation Fellow, and an M.B.A. with Distinction from the Kellogg School of Management at Northwestern University.



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About Matthew Barron, MBA Director, Advisory Services of SA Ignite

Matthew is an experienced healthcare advisor who has worked with some of the largest healthcare systems in the US. At SA Ignite, he provides guidance for thousands of providers in navigating the CMS physician quality reporting system (PQRS). Prior to joining SA Ignite, Matthew held senior positions with consulting companies such as Crowe Horwath, Accretive Health, and Accenture, where he collaborated with healthcare clients to make strategic decisions about business performance. Matthew earned a Bachelor of Arts degree in philosophy, political science and economics from Denison University, a certificate in Six Sigma operations from Northwestern University's Kellogg Graduate School of Management, and an MBA from the University of Chicago Booth School of Business.



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Why should you re-evaluate your PQRS Method Selection every year?

- Method rules change every year
- MIPS is right on the horizon and will be bringing increased complexity and a full transition from pay-for-reporting to pay-for-performance
- Vendor solutions rapidly evolving; these changes directly impact which method is best for your organization

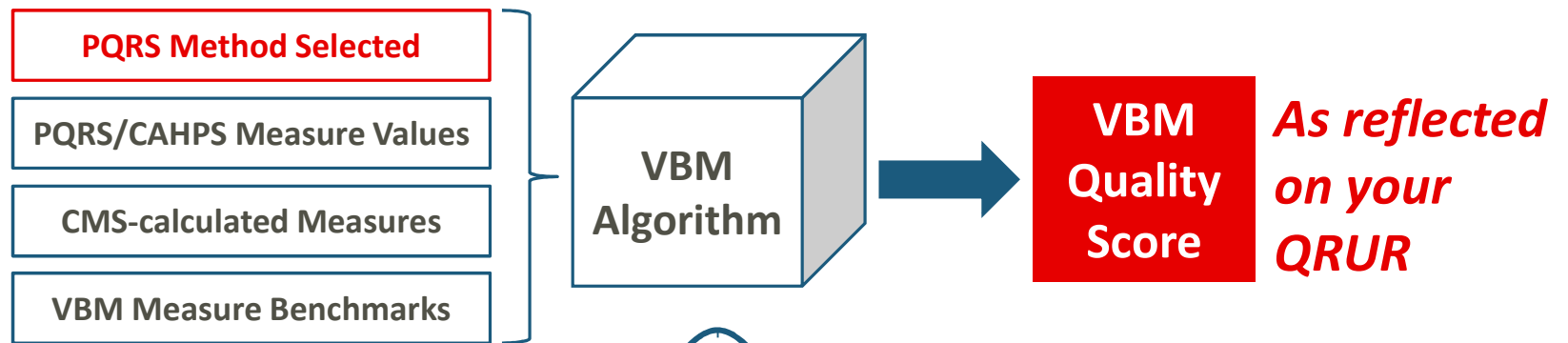
Today's Agenda

- Key Considerations for Method Selection
- Background Info:
 - VBM Quality Score
 - Financial Impacts of VBM
- Complexities
 - PQRS Method Selection
 - Measure Selection
- Decision Tree Example
- Open Q & A

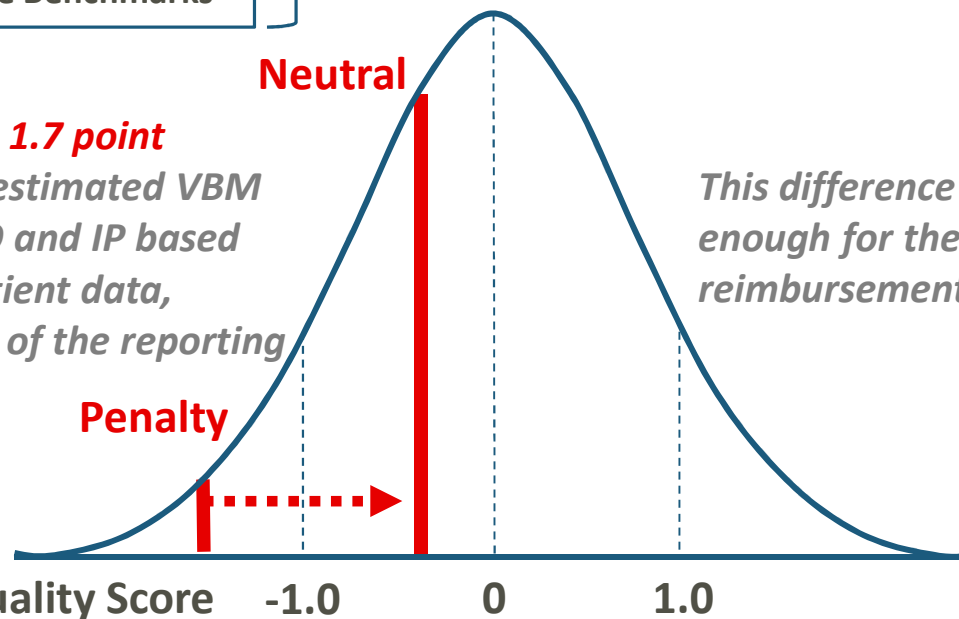
Key Considerations for Method Selection

- Within method selection what is the trade-off between...
 - Financial impacts and reputational implications
 - Administrative convenience versus:
 - Measure selection flexibility
 - Ability to monitor performance
 - ...and others

Background Info: VBM Quality Score



One SA Ignite client had a **1.7 point difference** between their estimated VBM Quality Score under GPRO and IP based on the same available patient data, varying only the selection of the reporting method.



This difference was significant enough for them to avoid a reimbursement penalty.

Background Info: Financial Impacts of PQRS/VBM and MIPS

Program	Performance Year	Medicare Part B Payment Adjustment Year	Maximum -% Medicare Part B Payment Adjustment	Maximum +% Medicare Part B Payment Adjustment
PQRS/VBM	2016	2018	-4% penalty	+4%*X incentive
MIPS	2017	2019	-4% penalty	+4%*X incentive
MIPS	2018	2020	-5% penalty	+5%*X incentive
MIPS	2019	2021	-7% penalty	+7%*X incentive
MIPS	2020	2022	-9% penalty	+9%*X incentive

- Under PQRS/VBM, the multiplier X is not capped; for Performance Year 2014 it was 16.0
- Under MIPS the multiplier X is capped at 3.0 with an additional 10% bonus awarded for “Exceptional Performance.”
 - For Performance Year 2020, your organization can receive up to $9\% * 3.0 + 10\% = 37\%$ **bonus** applied to all Medicare Part B transactions.

PQRS Method Selection Complexity

Reporting Mechanism 

Measure Type	Claims	Registry	EHR Direct	Data Submission Vendor	Qualified Clinical Data Registry*	CMS Web Interface
Individual Measures	✓	✓	✓	✓	✓	✓
Measures Groups		✓				
Non-PQRS Measures					✓	



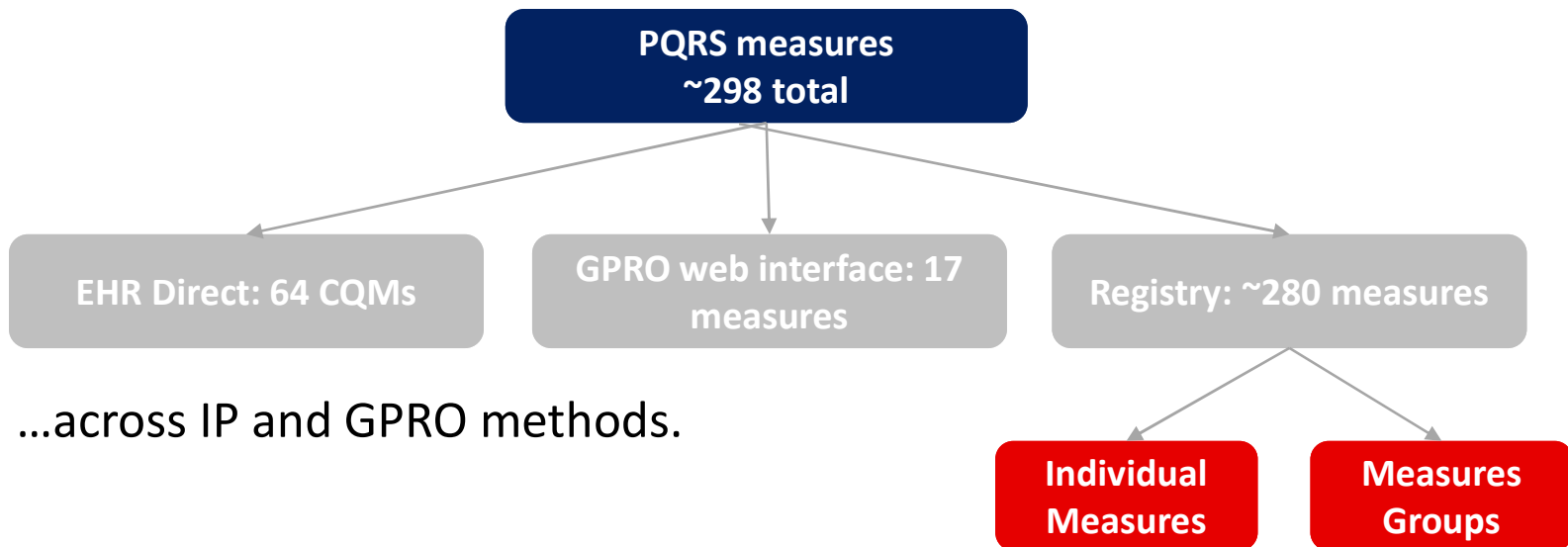
= GPRO Reporting Option (GPRO) available; Web Interface is GPRO-only

**QCDR is an option for GPRO in 2016 (it was not an option in 2015).*

There are 18 different method/mechanism combinations for 2016!

PQRS Measure Selection Complexity

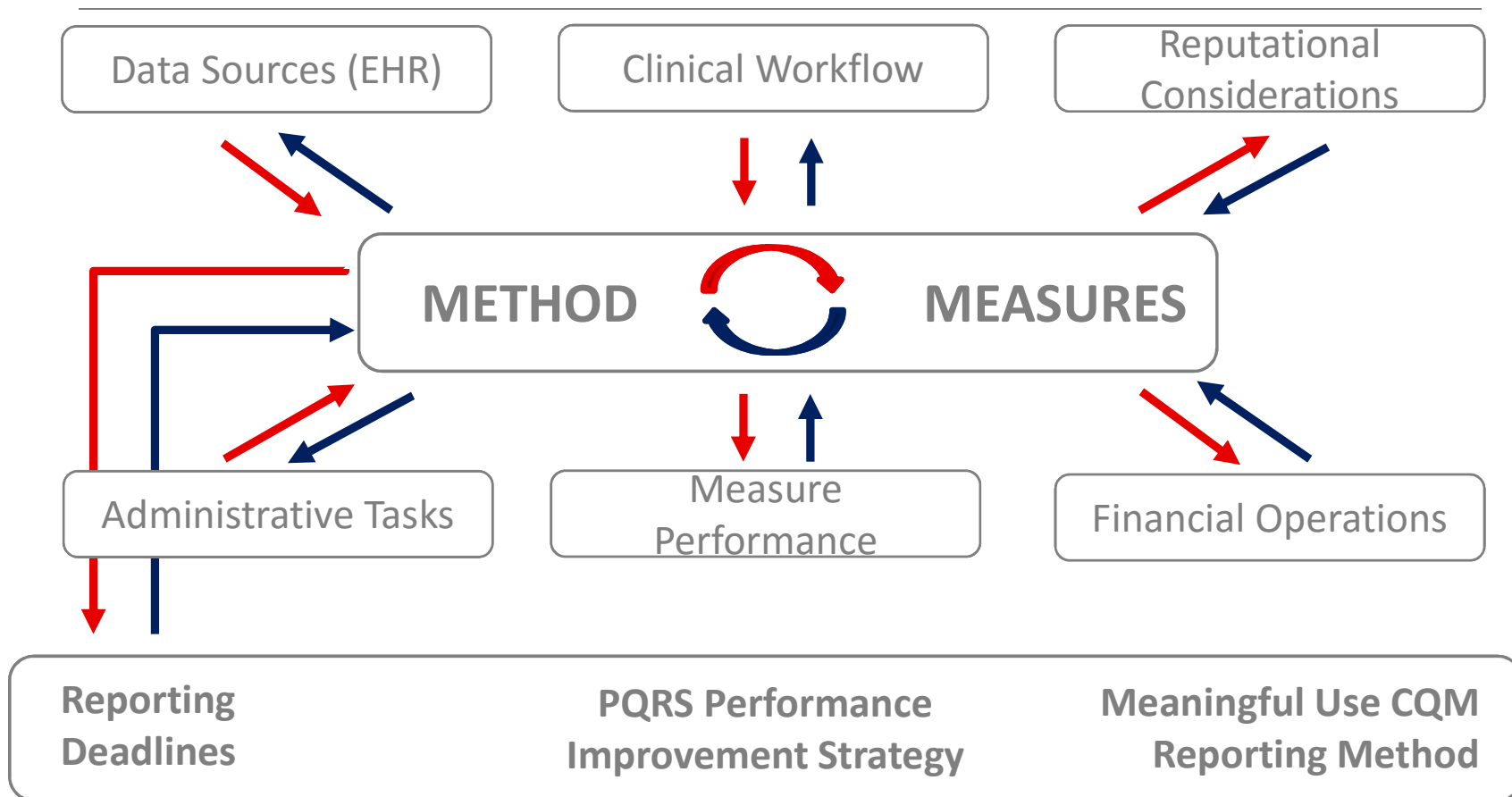
To maximize VBM scores, measures must be selected from among...



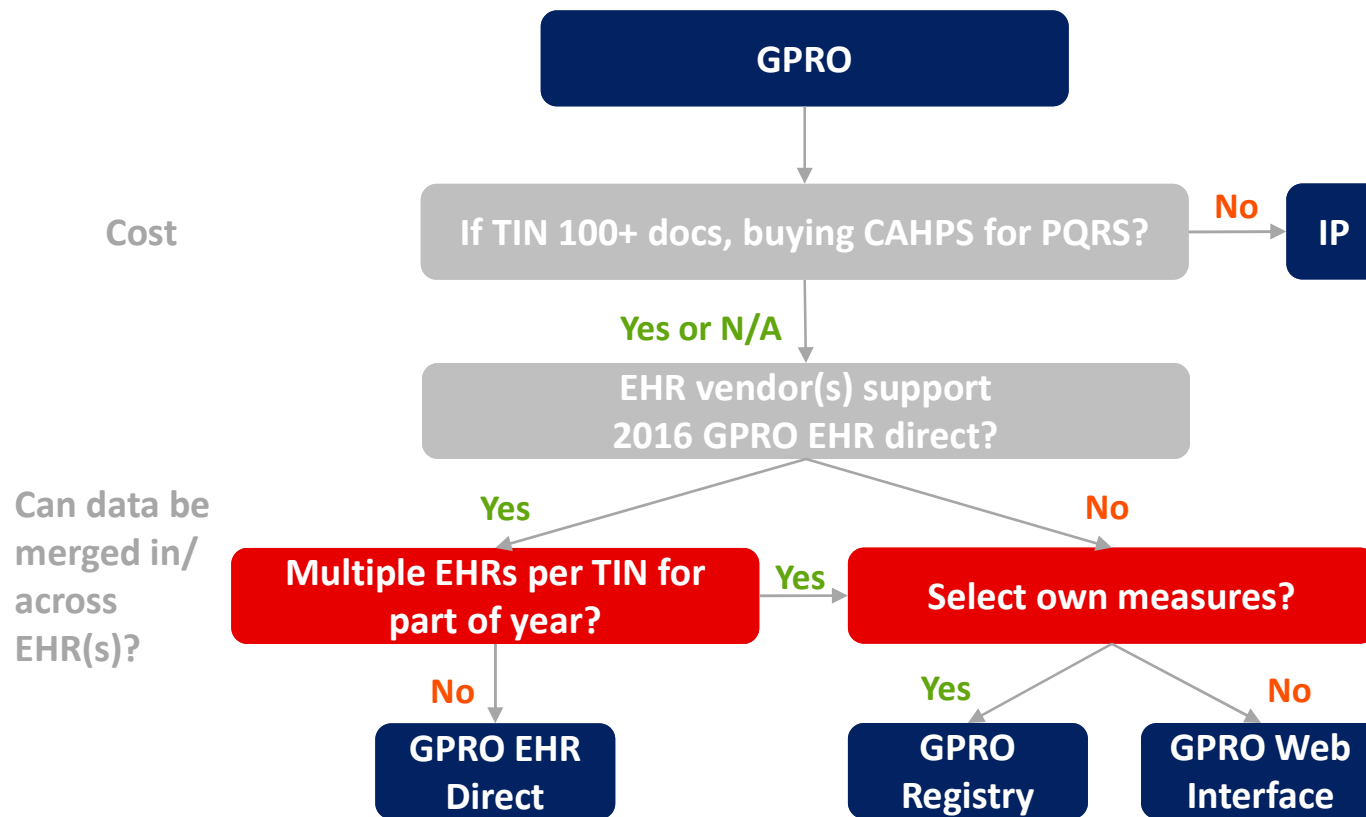
...across IP and GPRO methods.

Also (for GPRO) organizations need to determine whether or not they should opt-in to include the CAHPS patient experience survey measures in the VBM Quality Score or not.

Method Selection: Summary



Decision Tree (Example)



Cost

Can data be merged in/ across EHR(s)?

VBM Score Comparison

For each TIN, analyze CQMs: Which method gives higher VBM \$?

How do the data extraction costs compare?

What measures do the method and my EHR support?

Free PQRS/VBM and MIPS Educational Resources

- 10 FAQs About VBM and the Impacts of PQRS Reporting
<http://www.saignite.com/resources/10-faqs-about-pqrs-and-the-value-based-payment-modifier>
or click “PQRS & VBM” tab
- 10 FAQs About MIPS
<http://www.saignite.com/resources/faq-about-merit-based-incentive-payment-mips>
or Google “merit-based incentive”
- **ABC’s of MIPS** monthly webinar videos and PDF presentations:
<http://www.saignite.com/resources/hitech-abc-of-mips-webinar>
or click “MIPS” tab
- LinkedIn Group “Merit-Based Incentive Payment System” (no ads)

Open Q & A

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(If interested, contact Matt to learn about our
PQRS Method Selection and VBM Monitoring Service)