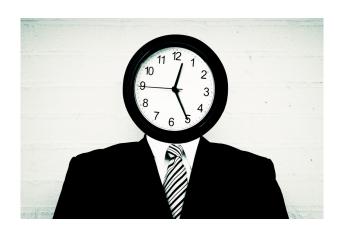# Still Not Sure of Your PQRS 2014 Strategy? Delays Will Cost You

written by Theresa Hush | September 15, 2014

If your organization is just beginning to think about PQRS reporting for 2014, beware. End-of-year data collection is no longer enough to meet PQRS requirements. That's because PQRS is no longer a quality "reporting" program; it's now all about performance.

In fact, waiting to determine your 2014 PQRS strategy until the last minute is actually very risky and could jeopardize both performance and future revenue. Although reporting through a qualified Registry extends your deadline (for 2014, CMS will not close its portal until March 31, 2015), the new Value-Based Payment Modifier (VBPM) requires more lead time to demonstrate good results.

Successful reporting no longer depends on simply completing PQRS measures. For 2014, PQRS performance is the key to calculating your VBPM. Waiting until the end of the year to select a Registry could mean devastating consequences for your 2016 Medicare revenue. Here are five reasons why:

1) A late PQRS start may limit the number of measures you can report.

Reporting nine measures across three NQS domains is not easy—certain domains have more measures than others, making those domain requirements difficult to meet. Starting late means that you will need to factor in not only what measures are available, but also what can be completed within a tight timeframe. You may have to sacrifice performance just to meet the minimum reporting requirements.

2) You lose the chance to improve your performance over time.

If a patient has high blood pressure at the beginning of the year, you may complete the measure but not meet performance. However, if the provider can help the patient to lower blood pressure by the end of the year, you can resubmit the measure, and Medicare will count

the lower value, improving the performance rate for that measure. Waiting until the end of the reporting period will cost you this opportunity.

3) EMR data is imperfect and can limit accurate PQRS reporting.

Waiting until the end of the year to choose a Registry reporting vendor means that you are locked into whatever is easy to export from your EMR. Unexpected interface charges from EMR vendors, varying data entry methods within your practice, and pre-existing IT priorities are all hurdles that can undermine your ability to report with the most comprehensive and accurate set of data. Making your decision sooner gives you the opportunity to data-mine or fine-tune your data-feed to optimize your standing.

4) Self-nomination for the Group Practice Reporting Option (GPRO) closes on September 30, 2014.

For most large groups, GPRO is a pathway to more successful reporting, because it's usually easier to meet performance. You don't need to specify your Registry or the measures you plan to report, but you confirm the method that CMS should utilize when scoring your practice for both PQRS and the VBPM. Not having a Registry collecting your data by your self-nomination date steers you into a reporting method that might not be successful, and you'll be using your time to implement measures instead of improve performance.

5) Late decisions also affect your PQRS performance in 2015.

Every year, CMS updates program rules, including measure specifications and NQS domain categorization. Even though these changes are often not released until December of the previous year, they all take effect on January 1 of the reporting year. CMS has indicated that VBPM penalties in 2017 (based on 2015 services) will double from 2016. Implementing for the 2014 program year at the end of 2014 prevents you from adequately planning for 2015, putting you at risk for even greater penalties.

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