

# Closing the Book on PQRS (and Opening the MACRA Sequel)

written by Dave Halpert | July 27, 2016



Did you receive your confirmation email from the Physician Value Help Desk that your TIN was successfully registered for Group Practice reporting?

If you did, which method did you select? Whether Registry, QCDR, EHR-Direct or the CMS Web Interface, you are officially locked into that choice, and it's too late to back out.

If you didn't register, and are not in an ACO or another program that excuses you from PQRS (beware—this does NOT include Meaningful Use!), you're still on the hook for PQRS and are locked into reporting at an individual level.

Now that the [registration deadline has passed](#), your mission is twofold:

First, make sure that you are successful in the mechanism you selected (or chose by not registering).

Second, succeed using strategies that will also be helpful to you going forward into the Quality Payment Program defined in MACRA, for which performance measurement begins in 2017. Tighten up internal documentation processes to develop accurate baselines, and then take steps to improve outcomes. A [successful PQRS submission](#) can be a challenge—don't waste your energy on one-offs, when you should be preparing for the big game.

What steps do you need to take to fulfill these goals, given your selection (or lack thereof)?

## Don't Lose Sight of PQRS—"Sunsetting" Does NOT Mean Stopping

Many have questioned whether any effort tied to [PQRS and the Value Modifier](#) is justified, since both programs are being phased out. This question reflects a core concept within CMS's quality initiatives, and one that has caused a great deal of confusion: Payments are not adjusted (either up or down) for two calendar years.

In other words, 2016 PQRS and VM will be used to calculate your reimbursement rate in 2018. Although 2016 is the last *performance year* for PQRS and VM, the *payment adjustment period* (i.e. penalties or incentives) occurs in 2018. So, do not be confused when you hear that PQRS is ending in 2016 and MIPS starts in 2019. It is more accurate to say that the first payments will be adjusted under the Quality Payment Program (MIPS and APMs) in 2019, but the first performance year is 2017.

The amount at stake has not changed from last year's levels. Groups with 10 or more providers will still be penalized a total of 6 percent on all Medicare Part B reimbursements for not reporting on PQRS—a 2 percent penalty for PQRS and a 4 percent penalty under the [Value Modifier](#). The programs may be sunsetting, but they still have the potential to cost you in 2018.

## Don't Be Afraid to Start Now

[Performance should be your goal](#) for the last year of PQRS and VM, and your transition into MIPS. While it may be nearly impossible to improve on outcomes prior to the end of this year, you do have a better possibility of succeeding to avoid VM penalties through careful selection of PQRS measures that will optimize both your PQRS and VM.

For some, fulfilling reporting requirements may be a challenge, and beginning now, rather than at the end of the year, will mean the difference for many between avoiding penalties and incurring them. Some specialties may have limited options, either because their specialty doesn't have a large selection of applicable measures or because the available measures don't hit the required three NQS Domains.

For others, the issue is one of workflow and documentation. If your [EMR data](#) is not up to snuff, your ability to succeed at basic reporting will be challenged and now is the time to identify that problem. If your staff must spend an inordinate amount of time combing through notes and calling other facilities to obtain the necessary documentation, make sure you are also working on a corrective action plan, because MIPS will require reporting on all patients, not just Medicare Part B, and a whopping 90 percent of eligible patients, rather than 50 percent. Many have learned the hard way that there is an inherent danger in waiting until the end of the

reporting period to report, so don't fall into this trap. If you need help to be successful—and most groups do—[choose a Registry](#) as soon as possible to optimize your PQRS reporting along with your performance results under VM.

### Focus on Tracking Outcomes, Not Just Reporting Measures

Each year, CMS releases dozens of pages describing [how PQRS measures are changing](#) from one year to the next. These changes don't just include measure additions or deletions, but also what fulfills a measure one year that did not fulfill it the year before, and vice versa. Whether for eCQMs, Registry Reporting or the CMS Web Interface, focusing on the measure, rather than the outcome or value, is the wrong approach. Consider this: in 2016, there are three measures focused on treating patients on long-term opioid therapy. Each measure requires the reporter to indicate that the patient has been on opioid therapy for at least six weeks. Here's the kicker—each measure uses a different code to signify the exact same thing.

For practices that focus on collecting the values (standard coding system used for medications, start and stop times documented, etc.), the code is irrelevant, and so the practice will not feel the pinch if one or all of the measures are updated next year. The right technology partner will be able to quantify and apply the outcomes to each measure's current iteration.

There is a great deal of overlap between 2016 PQRS measures and the measures that have been proposed for MIPS. Even if your EMR data is adequate, don't assume that meeting [PQRS reporting](#) will eliminate the possibilities of a penalty. You need to also consider how you will avoid a VM penalty for performance based on your PQRS measure results. Developing workflows now to collect this information so that you can benchmark your performance is going to benefit you beyond 2016.

### Set Meaningful Goals and Measure Results

Many practices that had previously resolved to stay out of PQRS are being pulled in by penalty enforcement and the realization that penalties will continue. For all practices, but particularly those in this set, it is imperative that you define your objectives now, rather than scrambling to tally as much reporting as possible before the end of the year.

Even if you registered to report using the CMS Web-Interface, or plan on submitting through claims, a Qualified Clinical Data Registry can still help you accomplish your long-term goal, which is to measure and improve outcomes, and prepare you for MIPS. A QCDR can help you establish [Clinical Practice Improvement Activities](#), which are a component of MIPS scoring designed specifically to create mechanisms for improvement (and are required). There are several categories, including patient safety, practice access, health equity and population management. Establishing CPIAs now may not help you improve outcomes by the end of 2016,

but can be fine-tuned and deployed broadly in 2017 and beyond, and positively impact other aspects of your MIPS composite score.

### Look Ahead, But Not ONLY Ahead

We've already cautioned you about not mistaking Meaningful Use for PQRS, both here and in a [previous post](#). There's one other stumbling point for those trying to fulfill similar, but separate programs, so take note! It is possible to report electronic Clinical Quality Measures (eCQMs) through a QCDR or your EHR, if either is qualified to do so. This may (double-check with your vendor) mean that you can successfully report once, covering both Meaningful Use and PQRS, BUT the deadline for submitting these measures is often earlier than for those who are submitting non-eCQMs.

In 2017, quality measures won't be differentiated between programs—they'll all be counted in your MIPS quality score, whether electronic, claims, or registry-reported. That's not the case in 2016, so while you're looking to the future, don't forget about the present!

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