



ABC's of PQRS: Your 2015 Guide to Successfully Participating in the Physician Quality Reporting System

Joy Rios

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This practical, action-oriented guidebook by Joy Rios, MBA, CHTS-PW will help healthcare professionals navigate the new industry landscape, where providers are paid for reporting quality measures and will receive payment adjustments based on their performance rates. Healthcare is moving from a pay-for-service model to a pay-for-performance model. Many in fact, arguably most healthcare professionals do not understand how this will happen. It's being introduced gradually through the Physician Quality Reporting System (PQRS) and the Value-based Modifier Program. Neither program is very well understood in the industry, yet if providers choose not to participate, they will start to see significant penalties up to 9% reductions in Medicare reimbursements, depending on the size of the provider's organization and their participation in other incentive programs. What's more is that each provider's quality results whether good or bad will be publicly available online as part of the Physician Compare program. ABC's of PQRS gives you a full spectrum of content: Discussion of how the program came to be, to put PQRS in context Providing explicit examples of penalty scenarios Addressing the various ways to report (Registry, EHR, QCDR, Web Interface, Claims, and CAHPS) Examines how other quality programs are interrelated with PQRS specifically the Value-based Modifier Program (VM) If you are unclear about the program requirements, confused about how to start, are having difficulty knowing which measures to report, or you don't understand how PQRS reporting will affect your future reimbursements, this book is for you. Read this book to gain clarity, confidence and comprehension to PQRS Reporting. Acquire the tools so you feel more capable and bring a more strategic mindset to your quality reporting. Chapter 1: Understanding PQRS Context Present Past Future How the Government Plans to Get There Financial Impacts of CMS Quality Programs PQRS Basics Avoiding Payment Adjustments Eligibility Requirements Eligible but Not Able to Participate Naming Conventions Reporting Periods Individual versus Group Reporting Group Practices Defined Why Choose One or the Other PQRS Measures Where Measures Come From Defining Quality Measures Calculating Quality Measures Determining a Quality Measure s Reporting Frequency Performance Timeframes Types of Measures Availability of Measures Measure Selection Strategy Individual Measures Measures Groups Specialty Measure Sets Chapter 2: PQRS Reporting Methods Claims (I) Registry (I) (G) Electronic Health Record (EHR) EHR-Direct versus DSV Qualified Clinical Data Registry (I) Group Practice Reporting Option (GPRO) Web Interface (G) Web Interface Quality Measures Certified Survey Vendors (CAHPS for PQRS) Chapter 3: Understanding the Value-based Payment Modifier (VM) Program Calculating a VM Score 38 Quality Composite Cost Composite Quality Tiering Downward VM Payment Adjustment in 2017 Quality Resource and Use Reports (QRURs) Performance Highlights Page of the QRUR Informal Review How to Request an Informal Review Informal Review Decision Chapter 4: Public Reporting of Quality Physician Compare Chapter 5: Physician Quality Reporting System (PQRS) Best Practices Getting Help Frequently Asked Questions (FAQs) Acronymns Appendix Claims-based Reporting Coding Measure Applicability Validation (MAV) Clinical Relation Test Measure Applicability Validation (MAV) Minimum Threshold Test Cross-Cutting Measures

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