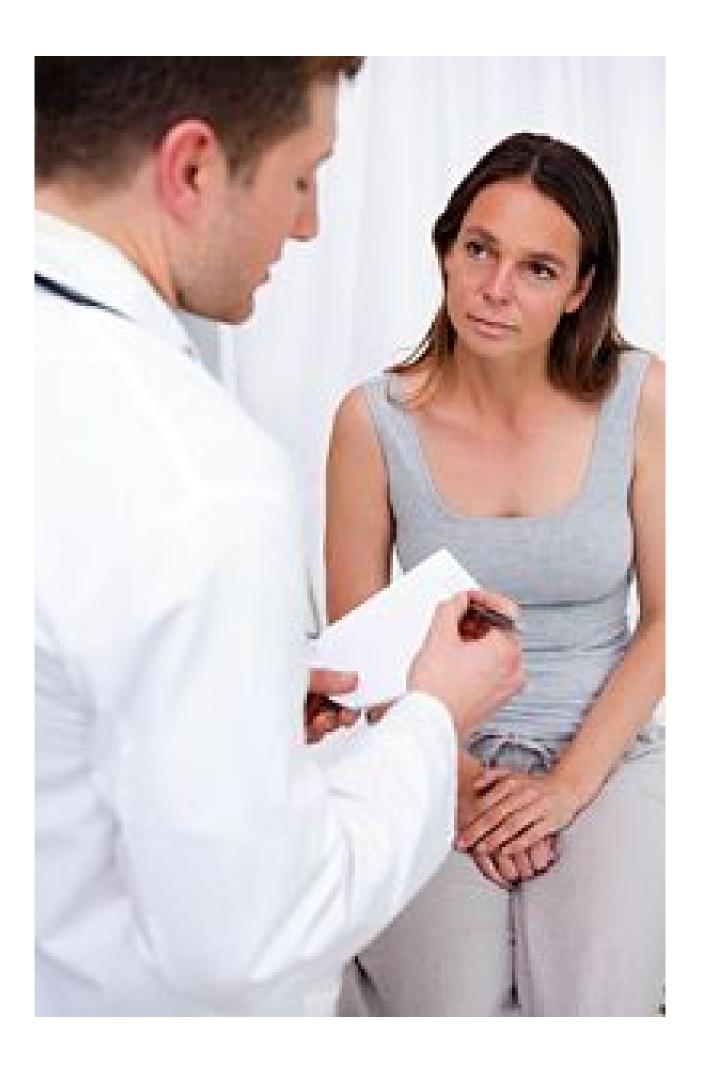BILLING / FEES / INSURANCE

Don't Forget About the PQRS

FAILURE TO REPORT MEASURES IN 2013 WILL COST YOU.

Susan McClelland

If you are not reporting PQRS measures successfully in 2013, your fees will be reduced in the future! CMS gave providers five years (2008-2012) to learn how to properly participate in Medicare's Physician Quality Reporting System (PQRS). It even paid a bonus if you participated and did it right. The good news? The bonus will continue through 2014. The bad news? Starting in 2015 there will be a penalty (a reduction in your fees) if you are not participating or not doing it right. The worse news? That penalty will be based on your performance in 2013.

The Patient Protection and Affordable Care Act (PPACA) made participation in the PQRS, formerly referred to as PQRI, mandatory beginning in 2015. Providers who are not satisfactorily participating in PQRS in the 2013 reporting period (Jan. 1 – Dec. 31, 2013) and beyond will have their Medicare reimbursement decreased by 1.5 percent beginning in 2015. In 2016, the payment reduction will be 2 percent. Therefore, the 2012 reporting period is the last opportunity providers have to voluntarily participate in PQRS while incentives are still offered and Medicare reimbursement is not subject to penalty.

To date, our participation has been negligible (< 2 percent) and, of the doctors that participated, only 38 percent qualified for the incentive. Obviously, we need to start participating and learning how to do this right.

The PQRS and Quality Measures

The Physician Quality Reporting System is a reporting program whereby eligible professionals (including doctors of chiropractic) report data on quality measures for covered Physician Fee Schedule services. Quality measures generally are rooted in evidence-based medicine. They can be "guideline" measures (e.g., you get 12 visits for acute low back pain), "process" measures (e.g., when a patient comes in with a cardiovascular episode and you gave them an aspirin), or "outcome" measures (e.g., "X" condition was resolved). There are also other types of measures, such as "structural," "efficiency" or "cost of care" measures. A few points that are important to keep in mind:

- There is significant debate on the value of the different types of measures, with the community currently focusing mostly on process measures. [Note: Guideline measures have generally been discounted as a way to measure quality of care.] Certain groups are also paying close attention to structural and cost-of-care measures. The ultimate goal of all parties is to have effective outcomes measures.
- There is also significant debate about whether certain measures simply demonstrate competency or actually will improve quality. For example, some measures deal with the documentation of care. Many in the health care community argue that documentation of care should be happening anyway, while others point out that it doesn't happen 100 percent of the time; hence there's room for improvement – a gap in care – with which a measure could help.
- Measures are not specialty-specific; they are condition-specific.

First convened in September 2007, the ChiropracticSummit represents leadership from some 40 organizations within theprofession. The Summit meets regularly to collaborate, seek solutions, andsupport collective action to address challenges with the common goal ofadvancing chiropractic. A major focus of the summit has been to improvepractitioner participation, documentation, and compliance within the Medicaresystem. This article is the 13th in a series developed by the ChiropracticSummit Documentation Committee.

How Does Chiropractic Fit In?

The Committee for Quality Assurance and Accountability (CQAA), a group of doctors of chiropractic that helps assess, create and implement a viable strategy in this policy arena, is responsible for facilitating the development and availability of reporting measures which can be used by doctors of chiropractic. In 2012 and 2013, doctors of chiropractic are eligible to report on three quality measures: health information technology (HIT): adoption / use of electronic health records (EHR) [this is NOT the same thing as EHR / meaningful use]; pain assessment and follow-up; and functional outcome assessment.

What Can Individual DCs Do to Prepare?

Understand the PQRS program and start reporting on the measures ASAP! If you have never participated in PQRS, you may not know where to begin. If you participated, but did not qualify for an incentive payment, you may not know where you went wrong. For those doctors who have already successfully participated, please be advised that significant updates and revisions are made annually. There are multiple resources available, including tools provided by the CMS, the AMA and the ACA, and an educational Webinar (see below for more information).

Resources, Tools, and Additional Information

- PQRS Webinar: www.chirohealthusa.com/news/view.php?entryID=112 (for more information); http://tinyurl.com/bbnlgn4 (direct link to register for Webinar)
- PQRS Tools: www.acatoday.org/pqrs (on this Web site you can find links to a general guidebook as well as a toolkit for each individual measure).
- Two previous Summit articles on this topic: 1) "Medicare and the Chiropractic Practice, Part 8: Are You Participating in the PQRS? If Not, Why Not?" *Dynamic Chiropractic*, March 26, 2011; 2) "Medicare and the Chiropractic Practice – Part 9: The PQRS – Looking Beyond the 1% Incentive Bonus." *Dynamic Chiropractic*, April 22, 2011.

Author's note: The Physician Quality Reporting System is a totally separate program from the electronic health records / meaningful use program.

The current members of the Summit Subcommittee on Documentation are Dr. Carl Cleveland III, Kim Driggers, Esq., Dr. Farrel Grossman, Dr. Steven Kraus, Dr. Peter Martin, Ms. Susan McClelland, Mr. Robert Moberg, Dr. Frank Nicchi, Mr. David O'Bryon, and Dr. Claire Welsh. Ms. Susan McClelland served as principal authors of this article.

JANUARY 2013