QUALITY REPORTING ROAD MAP

Introduction to Quality Reporting

Improving the quality of health care is a core function of the Centers for Medicare & Medicaid Services (CMS). For over a decade, the U.S. Department of Health and Human Services (HHS) and CMS have launched quality initiatives to improve quality health care for all Americans through accountability and public disclosure.

CMS supports health care providers in achieving better outcomes in health and health care for the beneficiaries and communities they serve by driving care improvement through quality initiatives.

What is quality reporting?

Health care providers report quality measures to CMS about health care services provided to Medicare beneficiaries. Quality measures are tools that help CMS assess various aspects of care such as health outcomes, patient perceptions, and organizational structure. The measures reported by health care professionals are associated with the ability to provide high-quality health care and relate to the goal of effective, safe, efficient, patient-centered, equitable, and timely care.

How does quality reporting impact you?

By reporting quality measures, clinicians can:

- Assess the quality of care they provide to their patients
- Quantify how often they are meeting a particular quality metric
- View their published quality metrics alongside that of their peers on the Physician Compare website
- Avoid Physician Quality Reporting System (PQRS) negative payment adjustments
- Receive Medicare Electronic Health Record (EHR) Incentive Program incentive payments and avoid the program's payment adjustments
- Avoid the Value-Based Payment Modifier (Value Modifier) downward payment adjustment

FOLLOW THIS ROAD MAP

Follow this road map to see how you can participate in CMS quality reporting programs and obtain the potential benefits the programs offer to both you and your patients.

REPORTING MECHANISM OPTIONS BY PRACTICE SIZE

Individual Eligible Professionals (EPs)

- Claims Reporting
- Registry Reporting
- Electronic Reporting Using Certified EHR Technology (CEHRT)
- Qualified Clinical Data Registry Reporting

Group Practices

- Registry Reporting
- Electronic Reporting Using CEHRT
- Group Practice Reporting Option (GPRO) via Web Interface*
- CAHPS for PQRS via CMS-certified survey vendor (for group practices of 2+) to supplement PQRS group practice reporting

*Only available for groups of 25+ EPs

Determine Eligibility

In order to participate in 2015 PQRS to avoid the 2017 negative payment adjustment, you must first determine eligibility. For information on how to determine your eligibility, visit the list of PQRS eligible professionals and the eHealth Eligibility Assessment Tool

The reporting period for 2015 is January 1, 2015 – December 31, 2015.

Choose Your Reporting Mechanism

CMS offers different reporting mechanisms based on the size of your practice. To determine which mechanisms are available for your practice to use, see the Reporting Mechanism Options by Practice Size box above. You can click on the following links for an overview of your chosen mechanism.

- Claims Reporting
- Registry Reporting
- Electronic Reporting Using CEHRT
- Qualified Clinical Data Registry Reporting
- Group Practice Reporting Option Web Interface

Select and Report Your Measures

The 2015 PQRS measures address various aspects of care, such as disease prevention, chronic- and acute-care management, and procedure-related care.

See the 2015 Measures List located on the CMS PQRS website. After choosing your reporting mechanism, you may report quality information using the guidelines in the Made Simple documents for that mechanism linked above.

Satisfactorily Report Your Data

Congratulations! You now have the tools to satisfactorily report your data and avoid a PQRS negative payment adjustment. Physicians who satisfactorily report quality measures can not only avoid the PQRS negative payment adjustment, but also satisfy the clinical quality measure (CQM) component of the Medicare EHR Incentive Program and avoid an automatic downward adjustment under the Value Modifier. For more information, please visit the How to Report Once for 2015 Medicare Quality Reporting Programs document.

To learn more about reporting results, view the 2015 Physician Quality Reporting System (PQRS): Implementation Guide.

For questions, contact the QualityNet Help Desk.

Use Your Results

The data you have reported is used for a range of CMS quality initiatives. It is first housed in Physician Compare, a website that displays information about physicians and other health care professionals who satisfactorily participated in CMS quality programs.

With Physician Compare, you can compare your performance on a given measure with the performance of your peers. This website enables you to track your performance against established metrics, and allows consumers to make informed choices about the health care they receive.

The data you report in also used to calculate your Value Modifier. The Value Modifier is calculated using quality of care and cost data. In order to be eligible for upward, downward, or neutral payment adjustments under the Value Modifier quality-tiering methodology, and to avoid an automatic negative Value Modifier payment adjustment in 2017, EPs in groups and solo practitioners MUST participate in PQRS and satisfy reporting requirements as a group or as an individual in 2015. All physicians who participate in Fee-For-Service Medicare will be affected by the Value Modifier starting in 2017.

Visit the Value Modifier webpage to learn more.

In addition, the data is used as part of The Medicare and Medicaid Electronic Health Record (EHR) Incentive Programs. The EHR Incentive Programs provide incentive payments to individual EPs, eligible hospitals, and critical access hospitals (CAHs) who adopt, implement, upgrade or demonstrate meaningful use of CEHRT. The EHR Incentive Programs will continue through 2016.

To learn more about meaningful use, visit the EHR Incentive Programs webpage.

Overall Health Benefits

By participating in the quality reporting process outlined in this road map, you can enhance the quality of health care for your patients and for your community.

Your ability to compare your data against specific metrics and peer performance enables you to quantify and track the quality of your health care services.

The powerful knowledge you gain from this resource means that you and your patients can make informed health care decisions together.

For your patients, informed decisions lead to improved quality of care, improved health outcomes, and an increase in their overall quality of life.

For payers and employers, healthier patients lead to reduced costs and improved health and productivity.

Quality Improvement Organizations
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For more information, please visit the National Quality Strategy website, as well as the CMS Quality Strategy page.