Medicare: Finding your way through the maze

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APAPO’s Guide to Medicare

COMPLETE GUIDE TO MEDICARE FOR PSYCHOLOGISTS
from the APA Practice Organization
APAPO’s Guide to Medicare

– Coverage

– Enrollment

– Medicare Administrative Contractors

– News and Updates

– Opting Out

– Payment

– PQRS
Medicare in 2016

The Medicare Access and CHIP Reauthorization Act (MACRA) passed in 2015:

- Repealed the Sustainable Growth Rate (SGR)
- Replaced it with 0.5% annual raise thru 2019
- Encourages alternative payment models
- Created the Merit-Based Incentive Payment System (MIPS)
Sequestration

Automatic 2% cut to provider fees every year, from 2013 through 2025
How Medicare reimbursement is changing

By 2018, HHS wants most payments linked to value rather than volume

PQRS data will be used to determine value

MIPS Offers potentially higher reward but also higher risk
MIPS does not yet apply to payments for psychologists
Medicare payments in 2016

- CMS projected 0% impact on psychologists
- 0.5% annual update
- Will still incur the 2% sequestration loss
- Additional 2% loss if you failed to successfully report PQRS measures in 2014
The Physician Quality Reporting System

Quality program for “eligible professionals” (EPs)
Learn more online at: apappracticecentral.org/reimbursement/improvement/index.aspx

Penalty in 2015 and beyond

BONUSES ended in 2014
2016 PQRS requirements

THREE REPORTING METHODS:

- CLAIMS-BASED
- REGISTRY
- EHRs

Must report **9 measures** across **3 domains**

Must include **1 cross-cutting measure** if services are provided face-to-face
National quality strategy (NQS) domains

1. Patient safety
2. Person and caregiver centered experience and outcome
3. Communication and care coordination
4. Effective clinical care
5. Community/population health
6. Efficiency and cost reduction
2016 key measures

• 128 Preventive Care & Screening: Body Mass Index

• 130 Documentation and verification of current medications

• 131 Pain Assessment Prior to Initiation of Therapy

• 181 Elder Maltreatment Screen
2016 Key Measures

• 226 Preventive Care & Screening: Tobacco Use: Screening and Cessation Intervention

• 326 Adult MDD: Coordination of Care of Patients with Specific Comorbid Conditions

• 317 Preventive Care & Screening: Screening for High Blood Pressure and Follow-Up Documented

• 370 Depression Remission at Twelve Months

• 383 Adherence to Antipsychotic Medications for Individuals with Schizophrenia
2016 Key Measures

• 402 Tobacco Use and Help with Quitting Among Adolescents

• 411 Depression Remission at Six Months

• 414 Evaluation or Interview for Risk of Opioid Misuse

• 431 Preventive Care & Screening: Unhealthy Alcohol Use and Brief Counseling
## 2016 cross-cutting measures

<table>
<thead>
<tr>
<th>Measure ID#</th>
<th>Measure Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>128</td>
<td>Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up</td>
</tr>
<tr>
<td>130</td>
<td>Documentation of Current Medications in the Medical Record</td>
</tr>
<tr>
<td>131</td>
<td>Preventive Care and Screening: Screening for Clinical Depression and Follow-Up Plan</td>
</tr>
<tr>
<td>226</td>
<td>Preventive Care and Screening: Tobacco Use: Screening &amp; Cessation Intervention</td>
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<td>317</td>
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</tbody>
</table>
PQRS measures group option

Report one measures group for 20 patients

Report all 9 measures in the group

- Must report through a registry
- Measures groups not eligible for claims reporting

DEMENTIA MEASURES GROUP is the only mental and behavioral health option
### Dementia group - 2016

**Dementia Measures (all must be done)**

<table>
<thead>
<tr>
<th>Measure ID#</th>
<th>Measure Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>47</td>
<td>Care plan</td>
</tr>
<tr>
<td>134</td>
<td>Screening for Clinical Depression [Replaces #285</td>
</tr>
<tr>
<td></td>
<td>Screening for Depressive Symptoms]</td>
</tr>
<tr>
<td>280</td>
<td>Staging of dementia</td>
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<tr>
<td>281</td>
<td>Cognitive assessment</td>
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<tr>
<td>282</td>
<td>Functional status assessment</td>
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<tr>
<td>283</td>
<td>Neuropsychiatric symptom assessment</td>
</tr>
<tr>
<td>284</td>
<td>Management of neuropsychiatric symptoms</td>
</tr>
<tr>
<td>286</td>
<td>Counseling regarding safety concerns</td>
</tr>
<tr>
<td>287</td>
<td>Counseling regarding risks of driving</td>
</tr>
<tr>
<td>288</td>
<td>Caregiver education and support</td>
</tr>
</tbody>
</table>
**MEASURE APPLICABILITY VALIDATION (MAV)**

CMS mechanism can waive the 2% penalty if EP submits less than 9 measures across 3 domains **unless**

- Reporting fewer than 50% of Medicare Part B FFS patients **OR**
- Individual provider with face-to-face encounters who does not satisfactorily report at least 1 cross-cutting measure **OR**
- No patient or procedure that qualifies for the numerator of the performance measure (i.e. rate= 0% or 100% for inverse measure) **OR**
- If any one of these conditions exist, MAV will not be used and the 2017 PQRS Payment Adjustment will apply
MAV Process

Clinical/Domain Test

Were the measures reported contained within or excluded from a clinically-related cluster?

Measures excluded from cluster (MH measures are largely excluded from clusters)
- Measures contained in a cluster
  - Could EP have reported other cluster measures?
    - YES
      - MAV “failed”
        - Penalty applies
    - NO
      - MAV “passed”
        - No penalty

No Penalty
CMS encouraging registry reporting

CMS WANTS TO PHASE OUT CLAIMS REPORTING – Most new measures limited to registries, EHRs

Most popular but least reliable method

56% Only 56% of EPs reporting via claims are successful

Claims reporting correlates poorly with other reporting methods using the same measure
New 2016 measures not eligible for claims reporting

- Depression Remission at Six Months (#411)
- Evaluation or interview for Risk of Opioid Misuse: Age 18 and older prescribed opiates for longer than 6 weeks (#414)
- Preventive Care and Screening: Unhealthy Alcohol Use: Screening and Brief Counseling (#431 replaces #173)
Questions/Resources

QualityNet Help Desk

Phone: 1-866-288-8912
TTY: 1-877-715-6222

Monday – Friday; 7 AM–7 PM CST

Qnetsupport@hcqis.org

www.cms.gov/pqrs
APAPO PQRS PRO

PQRS Requirements are Changing for 2015
Avoid up to a 2% Penalty

- 99.5% success rates
- Easy data capture with validation
- Register now for 2015!
- Prepare for transition to value-based payments

Get Started

To learn more, attend an upcoming webinar! Click here to register

PQRS PRO Advantages
- Best in the industry
- Report any measure combination
- Real-time feedback helps you qualify for even more
- No hidden fees to surprise you
- EHR data integration

Learn about PQRS
- See what’s new for PQRS 2015
- View all 2015 CMS Measure Orphans
- Explore every 2015 Individual Measure
- What is PQRS?

Select Any Reporting Option
- Are you a PQRS PRO? So are we.
- Use an EMR? No problem, we’ve got you covered.
- Need to manage multiple accounts? We offer that, too.
- Reporting for large groups? Learn more.
The APAPO PQRSPRO Registry

**objective**
Help psychologists successfully report PQRS measures and avoid payment penalties

**design**
Focuses on measures used by psychologists and other mental health EPs

**goal**
Prepare psychology for future payment model changes in Medicare
1065 new registrations for 2016
85% of registry users are psychologists
Other professions include:
  - Clinical Social Workers
  - Psychiatrists
  - Other Physicians
  - Advance Practice Nurses
Medicare / PQRS

– Government Relations 202-336-5889

– practgov@apa.org

APAPo PQRSPRO Registry

– https://apapo.pqrspro.com

– Healthmonix 1-888-720-4100