PQRS from a Clinician’s Perspective
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Goals of Presentation:
• Improve PQRS data collection
• Improve PQRS reporting
• Minimize negative payment adjustment
• Recognize PQRS as early step toward meaningful quality reporting
Building your PQRS infrastructure

1. Simplify
2. Automate
3. Protect
4. Learn
Steps for building infrastructure

1. Select measures
2. Build forms
3. Perform measures
4. Document performance
5. Report performance
6. Revise yearly
Select Measures

Resources

1. APAPO *Good Practice* publication
2. APAPO Website
   Narrows PQRS list to those for psychologists
3. CMS
   • Go.cms.gov/1PCM0YJ
If you use registry:

- PQRSPRO provides list of measures specific to psychologists
- Direct links to CMS measure description

CMS website

Go.cms.gov/1PCM0YJ

“2016 Individual Claims Registry Specifications”
Measure #134 (NQF 0418): Preventive Care and Screening: Screening for Clinical Depression and Follow-Up Plan – National Quality Strategy Domain: Community/Population Health

2016 PQRS OPTIONS FOR INDIVIDUAL MEASURES:
CLAIMS, REGISTRY

DESCRIPTION:
Percentage of patients aged 12 years and older screened for clinical depression on the date of the encounter using an age appropriate standardized depression screening tool AND if positive, a follow-up plan is documented on the date of the positive screen.

INSTRUCTIONS:
This measure is to be reported a minimum of once per reporting period for patients seen during the reporting period. This measure may be reported by eligible professionals who perform the quality actions described in the measure based on the services provided and the measure-specific denominator coding. The follow-up plan must be related to a positive depression screening, example: “Patient referred for psychiatric evaluation due to positive depression screening”.

Measure Reporting via Claims:
CPT or HCPCS codes and patient demographics are used to identify patients who are included in the measure’s denominator. Quality-data codes are used to report the numerator of the measure.

When reporting the measure via claims, submit the listed CPT or HCPCS codes and the appropriate numerator quality-data code. All measure-specific coding should be reported on the claim(s) representing the eligible encounter.

Measure Reporting via Registry:
CPT or HCPCS codes and patient demographics are used to identify patients who are included in the measure’s denominator. The listed numerator options are used to report the numerator of the measure.

The quality-data codes listed do not need to be submitted for registry-based submissions; however, these codes may be submitted for those registries that utilize claims data.

DENOMINATOR:
All patients aged 12 years and older

Denominator Criteria (Eligible Cases):
Patients aged ≥ 12 years on date of encounter
AND
Patient encounter during the reporting period (CPT or HCPCS): 90791, 90792, 90832, 90834, 90837,
CMS currently requires EP’s to report **9 measures** over 3 NQS Domains with at least one cross-cutting measure.

- **Registry:** at least **11 available measures** (2016). Select 9 measures appropriate to your clinical population.
- **Claims:** at least **6 available measures**. Use as many as possible.
Not all available measures will be appropriate to your population
Use as many as you can up to 9 (registry) 6 (claims)
Many of our measures are cross-cutting
Warning:

• CMS may expect psychologists to report any measure that includes mental health assessment/psychotx CPT codes
• Psychologists may believe that some of these measures are:
  • Outside the scope of psychological practice
  • Not appropriate to their population
EXAMPLE

#317: Preventive Care and Screening: Screening for High Blood Pressure and Follow-Up

- CPT codes: 90791, 90832, 90834, 90837
- Requires EP:
  - Obtain BP measure at time of service
  - Cannot obtain measure from external source
  - Determine f/u plan based upon BP reading
Reporting less than 9 measures over 3 NQS domains, will lead to MAV Process

MAV = MEASURE-APPLICABILITY VALIDATION

CMS determines if additional measures could have been reported
Many Psychologists will likely go through MAV

- Limited # of measures
- Measures don’t apply to all populations
If MAV determines that you did not meet PQRS reporting criteria:

• Contact **QualityNet Help Desk**
  • 1-866-288-8912
  • [qnetsupport@hcqis.org](mailto:qnetsupport@hcqis.org)
  • Guide through process of submitting “informal review” request

• Submit on-line request for informal review

A. Rosette (2016)
Build your forms

- PQRS cover sheet
- Assessment Packet
- Initial eval/progress note
- Billing Sheet
Partial View of 2015 PQRS Coversheet

☐ #128 body mass index

Height     Wgt     BMI

Follow up plan:

☐ dietician
☐ weight loss goal
☐ weight gain goal
☐ Look at psychological aspects of weight
☐ exercise plan

☐ #130 documentation and verification of meds in medical record
☐ #131 pain assessment prior to initiation of patient treatment
☐ #134 screening for clinical depression
☐ #181 elder maltreatment screen and follow-up plan

Follow up plan:

☐ discuss with staff
☐ discuss with family
☐ make a report to elder abuse
☐ pt won’t be in that situation again
One Page of 2015 Gero Assessment Packet

Other items included:
GDS, consent form and Elder Abuse Suspicion Index.
Testing Results: Medicare FFS only:

Geriatric Depression Scale Score: ☐ depressed ☐ not depressed

Faces Pain number: ☐
Follow-up plan: MD pain meds ☐ Pain management ☐ other ☐

CAGE score: ☐ At risk for problematic drinking? yes ☐ no ☐ yes, but pt denying ☐

Elder abuse suspicion index score: ☐ Abuse? yes ☐ no ☐ maybe, need more information ☐ NA ☐

TOB user: yes ☐ no ☐, if yes, counseling provided? yes ☐

BMI: ☐ follow up plan needed? yes ☐ no ☐
## 2015 PQRS Billing Grid: Registry Reporting

<table>
<thead>
<tr>
<th>Service Date</th>
<th>Service Code</th>
<th>Add-on Code or Units</th>
<th>Meds review</th>
<th>Quality Indicators: Med FFS only</th>
<th>Location code</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>90791 Assess</td>
<td>Units:</td>
<td>YES</td>
<td>90791 Primarily:</td>
<td>21–Lifecare</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>YES</td>
<td>Pain Assess: YES □ NO □ Pain? □</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>YES</td>
<td>Smoking Cessation: TOB □ no TOB □</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>YES</td>
<td>Unhealthy ETOH use: done □ not done □</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>YES</td>
<td>Elder Maltreat: abuse □ no abuse □ not done □</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>YES</td>
<td>Dep: dep □ no dep □ not done □</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>YES</td>
<td>MDD coor of care: done □ not done □</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>YES</td>
<td>Adherence antipsycot schiz: done □ not done □</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>YES</td>
<td>Body mass index: done □ not done □ Outside Parameters? □</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>YES</td>
<td></td>
<td>21–Lifecare</td>
</tr>
</tbody>
</table>
# 2014 PQRS Billing Grid: Claims Reporting

<table>
<thead>
<tr>
<th>Service Code</th>
<th>meds</th>
<th>Add-On Code/Units</th>
<th>Quality Indicators</th>
<th>Location code</th>
</tr>
</thead>
<tbody>
<tr>
<td>90832 30 min</td>
<td>G8439 not/me</td>
<td>Units:</td>
<td>90791 ONLY:</td>
<td>11 outpt clinic: 27</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Pain Assess: YES □ G8730 NO □ G8731</td>
<td></td>
</tr>
<tr>
<td>90834 45 min</td>
<td>G8439 not/me</td>
<td>Units:</td>
<td>Smoking Cessation: smoke □ 4004F nosmoke □ 1036F</td>
<td>11 outpt clinic: 27</td>
</tr>
<tr>
<td>90837 60 min</td>
<td>G8439 not/me</td>
<td>Units:</td>
<td>Mdd dx/severity: □ 1040f G8930 not done □ 1040f</td>
<td>11 outpt clinic: 27</td>
</tr>
<tr>
<td>96150 H B as</td>
<td>G8427 review</td>
<td>Units:</td>
<td>Mdd suicide assess: □ G8932 not done □ G8933</td>
<td>11 outpt clinic: 27</td>
</tr>
<tr>
<td>90791 Assess</td>
<td>G8427 review</td>
<td>Units:</td>
<td>AODA couns: □ 4320F not done □ 4320f 8p</td>
<td>11 outpt clinic: 27</td>
</tr>
<tr>
<td>90791 Assess</td>
<td>G8427 review</td>
<td>Units:</td>
<td>AODA dep: □ 1220f not done □ 1220f 1p</td>
<td>11 outpt clinic: 27</td>
</tr>
<tr>
<td>90791 Assess</td>
<td>G8427 review</td>
<td>Units:</td>
<td>Elder Maltreat:</td>
<td>11 outpt clinic: 27</td>
</tr>
<tr>
<td>90791 Assess</td>
<td>G8427 review</td>
<td>Units:</td>
<td>abuse □ G8733 no abuse □ G8734 not done □ G8535</td>
<td>11 outpt clinic: 27</td>
</tr>
<tr>
<td>90791 Assess</td>
<td>G8427 review</td>
<td>Units:</td>
<td>Dep: dep □ G8431 no dep □ G8510 not done □ G8433</td>
<td>11 outpt clinic: 27</td>
</tr>
</tbody>
</table>
Perform your measures

- Consistently complete for all FFS pts
  - 50% of FFS is required
- Some info gathered from chart review
- Some measures require direct assessment
  - Most Pt’s easily accept assessment
  - Some refuse/can not be assessed due to crises/medical reason
Document Your Performance

- In clinical documentation
- Document “follow-up plan” if required
- Use your PQRS “face sheet:”
  - To cue yourself for measure requirements
  - A summary of performance for billing
Report your Performance Claims:

• Submit PQRS G-codes/cptII codes when billing your services

Registry:

• Save billing sheets
Registry Reporting
Billing sheets contain all needed info:

- Insurance
- Set aside all non ffs patients
- Date of birth (for age)
- CPT Code (90791 etc.)
- Date of service
- PQRS measures performed
- Whether “follow-up plan” is documented
Registry Reporting

- Do not submit the pt’s name/identifying info
- Assign non-identifying ID to each patient
- Keep list of patient names/ID
  - In case of future audit
For All Reporting

• Save all raw data from measures performed
• In case of audits
Revise yearly:
• Develop forms that are easily revised
• CMS retires measures periodically
• New and/or revised measures are added
• Your performance for any given year will be based on the measures available to you that year.
PQRS Frustrations: Sharing the Pain

- Psychologist’s are not alone in being frustrated with the PQRS process
- View PQRS as a work in progress
  - Quality measurement at early stage of development
- It can only improve: it can’t get any worse
Frustrations:
• Significant learning curve
• Significant amount of work setting up yearly infrastructure
• Complex rules difficult unless you completely immerse yourself
• Rules change yearly
Frustrations:

- Many changes occurring at once
  - PQRS penalty launched when EHR still in infancy
  - Confusion between PQRS and Meaningful use measures
  - I.T.’s setting up documentation: processes no longer transparent
- Difficult for billers to keep up with rapid change
- Incentive payment morphed into penalty
- Distrust CMS to fairly evaluate EP performance
Frustrations:
• CMS phasing out claims reporting
• Need to PAY registry to AVOID PENALTY
Things will get better!

- APA linked with Healthmonix
- APAPO Streamlines info just for psychologists
- Many disciplines working nationally to ID ways to appropriately measure quality
- More providers working out the glitches
References:

- Apapo: apappracticecentral.org
- PQRSPRO: Healthmonix Registry Company.