

Eli's Rehab Report

Quality Reporting: Get a Leg Up on PQRS Updates -- and Avoid a 2 Percent Payment Cut in 2016

Watch out: Minimum number of measures could shoot through the roof.

The proposed Medicare Physician Fee Schedule for 2014 didn't come without its fair share of changes to the Physician Quality Reporting System. You could receive a 0.5 percent incentive payment for 2014 Medicare claims if you get all your ducks in a row.

Last year, however, CMS ruled that instead of PQRS being purely an incentive program, it would begin to incorporate "payment adjustments" — aka, penalties, for non-participation.

How it works: If an eligible professional did not participate in PQRS in 2013, they would see a -1.5 percent payment adjustment to their 2015 claims. The penalty in 2016 will be -2 percent for non-participation in 2014. CMS has not yet determined penalties for future years.

Avoiding a payment penalty, however, is not the only thing to be concerned about.

Successful Reporting: 3 Measures Jump to 9

To receive your 2013 incentive payments, you currently must report on three individual measures (50 percent of the time for claims-based reporting and 80 percent of the time for registry). For 2014, CMS wants you to report on nine quality measures and cover at least three of the National Quality Strategy domains.

Tip: If your specialty has less than nine available measures, you'd report the max number of measures available.

"The biggest concern from our members is the potential burden of reporting on nine measures," says **Gayle Lee**, senior director of health finance and quality for the **American Physical Therapy Association**.

Upside: CMS proposes dropping the reporting threshold from 80 percent to 50 percent for registries. In addition, you'd only need to report three measures to dodge the 2016 penalty, while nine measures would get you the bonus, Lee says.

Expect a Growing Push Toward Registry Reporting

The proposed 2014 changes show "an apparent effort to move providers to registries," notes **Jennifer Hitchon, JD, MHA**, counsel & director of regulatory affairs for the **American Occupational Therapy Association**.

"CMS is proposing a new registry option, the Qualified Clinical Data Registry, which shifts registries from a reporting mechanism to a quality improvement tool with capabilities beyond collecting and transmitting data to CMS," says **Lisa Satterfield**, director of health care regulatory advocacy for the **American Speech-Language Hearing Association**.

CMS also proposes to change some claims-based measures to registry reporting only: e.g., the individual diabetes mellitus measures and the back pain measure group.

"There are many therapists not participating in registries, so we would want to have the options open for both claims and registry reporting," Lee says.

Take note: CMS is proposing to add two measures to the low back pain group including, 130: Documentation and Verification of Current Medications in the Medical Record, and 131: Pain Assessment Prior to the Initiation of Patient Therapy and Follow-up. Currently the low back pain group has four measures.

"If the physical therapist elects to participate in the PQRS program via the measures group, he or she must report all the measures included in the measures group," Lee says.

SLPs Get Short End of the Stick

SLPs may have slim reporting options starting in 2014. "The proposed rule effectively prohibits speech-language pathologists from participating in the Physician Quality Reporting System in a clinically relevant manner by deleting all of the speech-language specific measures and increasing the requirements for the registry reporting," Satterfield says.

"The only options available, should the final rule remain consistent with the proposed rule, is for SLPs to report if they are documenting medications in the medical record and if they are performing pain assessments," Satterfield says.