

Transcript Details

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What Are Your Quality Reporting Options?

Dr. Birnholz:

What are the current quality reporting options for my practice? That's a central question many physicians are asking as they incorporate new reporting measures under Medicare's Quality Payment Program. On today's program we're going to focus on those options available and ways to better participate in quality reporting at both individual and group levels.

You're listening to Inside Medicare's New Payment System, and I'm Dr. Matt Birnholz. Joining me to talk about quality reporting options is Koryn Rubin, Assistant Director of Federal Affairs at the American Medical Association.

Miss Rubin, welcome to the program.

Ms. Rubin:

Thank you for having me.

Dr. Birnholz:

Great to have you with us. So, why don't we start with some background? What exactly is this quality reporting component that physicians are talking about?

Ms. Rubin:

The MIPS Quality Performance Category assesses the quality of care physicians provide to their patients through the reporting on quality measures, and through the reporting of quality measures, it also helps to ensure that patients get the right care at the right time. One important thing to note is that the quality category is worth 60% of eligible clinicians' MIPS score, so if you are really trying to aim for an incentive, focusing on the quality category is key.

Dr. Birnholz:

That's great.

Ms. Rubin:

Also, under the quality category, physicians and practices have multiple reporting mechanisms and options to choose from to satisfy the MIPS quality category requirements, which I'll go and elaborate on more thoroughly.

Dr. Birnholz:

Let's do that, because you mentioned physicians and practices, so the next question for me is: How does one determine whether to participate in individual or group reporting?

Ms. Rubin:

A physician will first have to determine whether they want to participate as a virtual group or as an individual under MIPS.

So deciding to participate as an individual or group under the group practice reporting option, which is called GPRO, or referred to as GPRO, is a choice specific to each practice because each practice has unique characteristics, and in some circumstances individual reporting might be more reflective of the practice versus group reporting. First, though, you should understand the definition of group reporting. A group is classified as two or more eligible clinicians. However, a physician who is part of a group may participate as an individual under MIPS. They do not have to participate in MIPS under the GPRO option even if you are in a group practice. In some instances it might be advantageous for a group practice to participate and report as individuals, as I mentioned earlier. If reporting as a group, one big thing to note is that all physicians within the group must report on the same set of measures across all four MIPS categories. This might pose a challenge for multispecialty groups. For example, if your multispecialty group has an orthopedic surgeon, radiologist, cardiologist, and primary care physician in the group, you would all potentially be reporting on the same set of quality measures, and that might not make sense because you have different scope of practice and patient populations. Therefore, if you're in a multispecialty practice where all the physicians' National Provider Identifiers, or often known as an NPI, fall under a single tax identification number, group reporting might not be the best option for you. Also, if you have physicians that meet the low-volume threshold and are exempt from MIPS but you elect to report as a GPRO, those exempt physicians will have to participate as part of the group and no longer considered exempt from reporting and participating in MIPS.

Dr. Birnholz:

Well, for those who are just joining us, this is Inside Medicare's New Payment System on ReachMD. I'm Dr. Matt Birnholz, and I'm speaking with Koryn Rubin, Assistant Director of Federal Affairs at the AMA, and we're talking about quality reporting options.

So, Miss Rubin, if we turn to individual reporting and focus on that for a few minutes, what should physicians know about this in particular?

Ms. Rubin:

Yes, if you are reporting as an individual physician, you do have several options to satisfy the quality requirements by reporting through various mechanisms. Those options are claims reporting, documenting a quality data code on a claim; submitting and reporting quality measures through a clinical data registry; reporting quality measures through a Qualified Clinical Data Registry, or often known as a QCDR; and lastly, reporting through the electronic health record. One thing that is important to note is that claims reporting, that option, is unique to individual participation and not available under GPRO, or group practice reporting option.

Dr. Birnholz:

Great. That's an important insight there. Why don't we then turn to group practice reporting and talk about how that's defined and how physicians can qualify there?

Ms. Rubin:

As I referenced earlier, a group practice is defined as a single taxpayer identification number with two or more individual eligible clinicians as identified by the individual National Provider Identifier, NPI number, and the ECs, the eligible clinicians, who have reassigned their billing rights to the TIN. In order to participate as a group practice under GPRO, the practice will have to participate in quality through a single submission mechanism and report on the same set of quality measures, so if you are a GPRO, you only can submit measures through one mechanism, and all the physicians in the practice must report on the same quality measures.

Also, there are various options GPROs have to satisfy the quality requirements, and some are unique only to GPRO and not available to individual reporting. As a GPRO, you can report through clinical data registry, a qualified clinical data registry, or known as a QCDR, through electronic health record or through web interface. The web interface option is what is unique to group practice reporting and not available under individual reporting. Also important to note is that the web interface option is only open to practices of 25 or more eligible clinicians. This is because of CMS's sampling methodology for determining how many patients a practice has to report on through the web interface. And also, the measures that you report on through the web interface are a restrictive set of quality measures, so you don't get to pick which measures that you report on. The web interface just has a specific set that you must

report on.

Also important to note that if you choose to report a GPRO, if you are a group of 16 or more eligible clinicians and you report through GPRO, you will be subject to the All-Cause Hospital Readmission measure, which is assessed by looking at your Medicare claims. You don't report this measure, Medicare looks at your claims, and they determine if the practice has 200 or more patients that are eligible and then attributed to you. If 200 patients aren't attributed to you, then the All-Cause Hospital Readmission Measure will not be calculated and you won't be held accountable for it. This measure is similar to the All-Cause Hospital Readmission Measure that hospitals are subject to, so it might be familiar to many group practices. Also, individual reporters and GPROs less than 16 are automatically not subject to the CMS administered All-Cause Hospital Readmission Measure, so this is a key point to consider when you're deciding to participate as an individual or a group.

Dr. Birnholz:

So on that note, this gives us a really good rundown of what clinicians need to know if they are going to be reporting as an individual or as a group and the various situations or conditions in which it would be advantageous to do one or the other. But are there any other key points that physicians should know about or look into regarding this program before they dive in—just as my last question to you?

Ms. Rubin:

Yes, there are some other key factors that are really worth considering. Some of them are, if you report as a GPRO, make sure to review the requirements for the advancing care information, ACI category, and the improvement activities category, IA, because if you participate as a GPRO under quality, you also must participate as a GPRO under ACI and IA, which means all physicians in the group must report on the same ACI and IA measures. In some instances this might be beneficial to the practice, similar to quality reporting, but in other instances it might just not make sense for all the NPIs that fall under the TIN to report the same measures and might make more sense to report as individuals.

Also, it's important that you check with your EHR vendor on whether the vendor will support the quality performance requirements and the available electronic quality measures that the vendor supports and that are applicable to your practice. There are a limited number of electronic quality measures, and we have heard that many vendors do not support the small number of electronic quality measures that are available, so if you are considering EHR reporting for quality, really do your due diligence and talk with your vendor.

Also, you should check with your specialty society to see whether they have a qualified clinical data registry, or known as a QCDR, because QCDR reporting is often much more specialty specific and has some nice features, such as providing routine feedback and benchmarking information to your practice, so if you really want to know how you are doing in more real-time, a QCDR offers that feature. It also can assist with satisfying some of the other MIPS categories, particularly the improvement activities. Many of the QCDR features and how you're engaging with it have similar improvement activity measures so you don't have to do additional work to satisfy IA.

Also, if you're aiming to satisfy the full requirements under the quality category because you are really looking to get an incentive from Medicare, make sure you report on an outcome measure because it is required. If there are no applicable outcome measures, then you must report a high-priority measure as a substitute. Additionally, if you plan on reporting through the web interface or reporting the CAHPS for MIPS survey measure, you must register with CMS. These two options are the only ones that require registration. Also, registration occurs between April 1 and June 30 of the reporting period, so if you want to report the CAHPS for MIPS measure or through the web interface, if you miss this registration period, that option is no longer available to you. Lastly, if you plan on reporting the CAHPS for MIPS survey, you must utilize a CMS-approved CAHPS for MIPS survey vendor, and if you go on to CMS's QPP website, qpp.cms.gov, you can find a list of approved CAHPS for MIPS survey vendors.

Dr. Birnholz:

Well, with that closing remark, I very much want to thank my guest, Koryn Rubin, from the American Medical Association for updating

us on quality reporting options and how we can better get involved.

Miss Rubin, it's great having you on the program.

Ms. Rubin:

Thank you so much for having me today.

Dr. Birnholz:

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