

CMS Revisions to Payment Policies under the Physician Fee Schedule for CY 2014

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The Center for Medicare and Medicaid Services (CMS) released their proposed rule “**CMS Revisions to Payment Policies under the Physician Fee Schedule for CY 2014.**” Below is a summary of the proposed changes to the Electronic Health Record (EHR) Incentive Program (Meaningful Use) and the Medicare Shared Savings Program.

Electronic Health Record (EHR) Incentive Program

The new revision proposes establishing alignments among the reporting steps for the Physician Quality Reporting System (PQRS) Incentive Program and the Medicare EHR Incentive Program with the intention to minimize the reporting burden on eligible providers (EPs).

CMS proposes two additional aligned options for eligible providers (EPs) to report Clinical Quality Measures (CQM) beginning in CY 2014:

1. The first option is the “Proposed Qualified Clinical Data Registry Reporting Option.” CMS proposes to integrate reporting methods by using qualified clinical data registries for eligible providers to meet both criteria for the PQRS Incentive program and Medicare’s EHR Incentive Program beginning in 2014.

Details:

- For an EP who seeks to report using qualified clinical data registry, the EP must also ensure that the registry selected is certified for the functionality and is a certified EHR Module.
 - EPs must submit the most recent version of the electronic specifications for the CQM submission electronically under the EHR Incentive Program.
 - CMS also proposes that this qualified Clinical Data registry reporting option is only used by those EPs who are beyond their 1st year of demonstrating EHR Incentive program.
2. The second option is the “Proposed Group Reporting Option for Comprehensive Primary Care (CPC) Initiative.” CPC practice sites are a multi-payer initiative that fosters collaboration between public and private health care payers for the goal of strengthening primary care. CMS proposes to add a group reporting option of CPC practice sites to report CQMs for the Medicare EHR Incentive Program.

CMS seeks to revisit the certification criteria with the Office of the National Coordinator for Health Information Technology (ONC) in the Stage 3 rulemaking for the purpose of developing a more flexible clinical data registry reporting criteria for the EHR Incentive program. Public comment and recommendations are welcomed.

Medicare Shared Savings Program (MSSP)

For CY 2014, CMS intends to make adjustments to two areas of the MSSP and Accountable Care Organizations (ACOs): (1) aligning the reporting systems with the PQRS and (2) establishing a quality performance benchmark for MSSPs and ACOs

1. CMS proposes to align the requirements for reporting under the traditional PQRS Group Practice Reporting Option (GPRO) through the CMS web interface and amend §425.504 to require that ACOs on behalf of their ACO providers/suppliers who are eligible professionals satisfactorily report on the 22 AGPRO measures during the 2014 and subsequent reporting periods

Details:

- This proposal would not increase the total number of measures that must be reported by the ACO and its ACO providers/suppliers
- These proposals would not affect the Shared Savings Program quality performance standard reporting requirement under which ACOs are required to report on 33 quality performance measures.

2. In order to establish quality performance benchmark to assess the quality of care furnished by ACOs, CMS proposes the following initiatives:

- a. For the data source, CMS proposes to use data submitted by Shared Savings Program and Pioneer ACOs in 2013 for the 2012 reporting period to set the performance benchmarks for the 2014 reporting period.

Details:

- CMS will define the performance benchmarks based on national Medicare fee-for-service rates, national Medicare Advantage quality measure rates, or a national flat percentage.
- CMS will establish benchmarks using the most currently available data source and the most recent available year of benchmark data prior to the start of the reporting period.
- CMS will use flat percentages when data are unavailable, inadequate, or unreliable to set quality performance benchmarks

- b. CMS proposes to develop a methodology to ensure that measures that have clustered performance on measures will have meaningful clinical differences in scores. CMS seeks comment on the methodology process and on whether or not a methodology should be applied to spread out clustered performance.

- c. CMS proposes to modify the point scoring for Patient/caregiver experience by making each of the 7 measures in the Patient/caregiver experience equal in weight. CMS will do so by increasing the maximum attainable score for each of the patient survey measures to 2.

Details:

- The 7 measures are:
 1. Getting Timely Care, Appointments, and Information
 2. How well your doctors communicate
 3. Patient's Rating of Doctor
 4. Access to Specialists
 5. Health Promotion and Education
 6. Shared Decision Making
 7. Health Status Measure.
- This change will allow for greater emphasis on patient-reported experiences, will promote clinically meaningful differences in ACO performance within the domain, and will bring the total points for the domain in line with the points available in other domains.

CMS seeks comments on all sections of the proposal to modify the MSSP.