Quality Reporting and Registry Update: Challenges and Strategies for Success

Heather Smith, PT, MPH

September 13, 2014
SETTING THE STAGE FOR TOMORROW
The Present and Future of High Quality Patient Care
Quality Reporting and PTs in 2014
### SGR Reform and Quality Reporting

#### PRE SGR

<table>
<thead>
<tr>
<th>PQRS</th>
<th>POST SGR (proposed)</th>
</tr>
</thead>
</table>
| • Quality reporting under Medicare Part B under several different programs including PQRS.  
• Variable penalties tied to each program (2.0% +) | • Current programs replaced by Merit-Based Incentive Payment System (MIPS) in 2018  
• Performance based on: quality, resource use, meaningful use and clinical practice improvement activities |

#### FLR

| • FLR participation is required by all providers billing therapy services under Medicare part B  
• Claims based data submission  
• Condition of payment | • FLR will be expanded to include additional variable as identified by the Secretary and stakeholders in 2017 (demographic info, diagnosis, severity, expanded ICF, etc)  
• Data to be submitted via web-portal or other mechanism  
• Data utilized to support new payment system (case mix adjustments, episodic payment) |
Future of Medicare Part B Quality Reporting

- Private Payers
- FLR
- Future reporting systems
- PQRS
- PTPCS
- SGR
- PAC
Quality Reporting

Today

- Separate and distinct reporting programs (FLR, PQRS, MU, etc.)
- Varied methods of data reporting
- High percentage of process measures
- Multiple measures of patient function
- Identification of measure gaps by government/national measurement groups

Future

...
REVIEWING THE NOW: FLR, PQRS, VM
# Current Quality Reporting Programs Under Medicare

<table>
<thead>
<tr>
<th>Healthcare Setting</th>
<th>Quality Program(s)</th>
<th>Mandatory Reporting</th>
<th>Payment Incentive/ Penalty</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inpatient (Acute Care Hospitals)</td>
<td>IQR, Readmissions &amp; VBP</td>
<td>Yes</td>
<td>Yes P4R &amp; P4P in 2013</td>
</tr>
<tr>
<td>Long Term Care Hospitals (LTCH)</td>
<td>Beginning in 2014</td>
<td>Yes</td>
<td>Yes P4R Penalty 2%</td>
</tr>
<tr>
<td>Inpatient Rehabilitation Facilities (IRF)</td>
<td>Beginning in 2014</td>
<td>Yes</td>
<td>Yes P4R Penalty 2%</td>
</tr>
<tr>
<td>Skilled Nursing Facilities (SNF)</td>
<td>MDS 3.0</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Hospice</td>
<td>Beginning in 2014</td>
<td>Yes</td>
<td>Yes P4R Penalty2%</td>
</tr>
<tr>
<td>Home Health</td>
<td>OASIS, HH CAHPS</td>
<td>Yes</td>
<td>Yes P4R Penalty 2%</td>
</tr>
<tr>
<td>Outpatient</td>
<td>PQRS</td>
<td>No, payment adjustments for non-participation beginning in 2015 (based on 2013 data)</td>
<td>Yes P4R Incentive 0.5% through 2014, Penalty -2.0% 2016 and beyond</td>
</tr>
<tr>
<td><strong>Value-based Modifier (VM) -proposed CY2017</strong></td>
<td><strong>No- tied to participation in PQRS</strong></td>
<td></td>
<td>Yes P4P +4.0x to -4.0%</td>
</tr>
<tr>
<td>Functional Limitation Reporting (FLR)</td>
<td></td>
<td>Yes</td>
<td>Condition of payment</td>
</tr>
</tbody>
</table>
Functional Limitation Reporting (FLR)

**Middle Class Tax Relief Act of 2012**
February 2012
Congress mandates CMS to collect functional info on Medicare beneficiaries receiving therapy services under Part B

**FLR Implementation**
January 1, 2013
Testing phase begins for the collection of functional data

**Final Physician Fee Schedule Rule**
November 2012
Outlines the regulations around the new claims-based reporting program for therapy services

**FLR Payment Adjustment Phase**
October 1, 2013
Originally slatted for July 1, 2013 this was delayed until October 1; providers began reporting processing issues in mid November

**FLR Ongoing 2014**
Medicare continues to work through system modifications; anticipating future evolutions of FLR

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From Law to Implementation

Legislative

Congress
MCTRA

Regulations/Guidelines

CMS
2012 Final Physician Fee Schedule, FAQs, MLN Matters

Implementation

Medicare Administrative Contractors

APTA Resources

NGS  CGS  Novitas  Palmetto  Cahaba  First Coast  WPS  Noridan

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Initial FLR Claims Processing Issues

- Claims splitting (1500)
- Delayed/ out of sequence processing
- Incorrect visit counts
- Required reporting at 10\textsuperscript{th}/20\textsuperscript{th}/etc despite early reporting
- Issues with 3Gcode submission with an active POC
- Problems with 60 day discharge
- Edits in CWF on May 6 fixed many of the issues
Causes of FLR Claim Rejections

- Count Discrepancy
- Claims Splitting
- Issues With 60 Day Rule
- Delayed Payment
- Processing Out of Order
- Unsuccessful Resubmission of Claim

<table>
<thead>
<tr>
<th>Year</th>
<th>Count Discrepancy</th>
<th>Claims Splitting</th>
<th>Issues With 60 Day Rule</th>
<th>Delayed Payment</th>
<th>Processing Out of Order</th>
<th>Unsuccessful Resubmission of Claim</th>
</tr>
</thead>
<tbody>
<tr>
<td>2014-01</td>
<td></td>
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<tr>
<td>2014-02</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2014-03</td>
<td>15</td>
<td>30</td>
<td>10</td>
<td>45</td>
<td>20</td>
<td>10</td>
</tr>
<tr>
<td>2014-04</td>
<td></td>
<td></td>
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</tbody>
</table>
Current FLR Claims Processing Issues

• Problems with 60 day discharge
• Edits planned on or around September 15

• Claims that were rejected prior to May 6 that have correct FLR data should be resubmitted for payment
• All rejected claims should be reviewed to check accuracy of FLR codes
• Still investigating issues case by case
  – Claims splitting
Examples of FLR Errors

Simple or clerical errors
- Use of $0.00 instead of $0.01
- Leaving off the GP or severity modifiers
- Submitting the wrong Gcode (discharge vs current)

Misunderstanding of FLR guidance
- Reporting a single FLR code instead of two codes
- Changing categories mid episode without ending reporting on original limitation
- Issues with tracking (beneficiary/ facility/ therapy service)
PT Participation in PQRS

- Total of 16 individual measures
- 1 measures group
- Claims-based remains the most popular reporting mechanism (7 claims measures in 2014)
PT and OT PQRS Participation
Recent PPS Survey on PQRS

- Response: 540 members
- 85.0% participating in PQRS in 2014
  - The top reason sited for non-participation: practice does not have resources to manage the PQRS reporting burden; we are willing to take the 2.0% penalty to avoid the reporting burden (8.0%)
- 83.7% report via claims
- 76.5% have never accessed a feedback report
  - Only 31.0% have received a bonus in past years

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2014 Top Reported Measures for PTs

<table>
<thead>
<tr>
<th>#</th>
<th>Measure Description</th>
<th>Reporting %</th>
</tr>
</thead>
<tbody>
<tr>
<td>128</td>
<td>Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-up</td>
<td>34.1%</td>
</tr>
<tr>
<td>130</td>
<td>Documentation and Verification of Current Medications in the Medical Record</td>
<td>45.7%</td>
</tr>
<tr>
<td>131</td>
<td>Pain Assessment Prior to Initiation of Patient Treatment</td>
<td>65.7%</td>
</tr>
<tr>
<td>154</td>
<td>Falls: Risk Assessment</td>
<td>48.5%</td>
</tr>
<tr>
<td>155</td>
<td>Falls: Plan of Care</td>
<td>42.4%</td>
</tr>
<tr>
<td>182</td>
<td>Functional Outcome Assessment</td>
<td>55.7%</td>
</tr>
</tbody>
</table>

Based on PPS survey results
Future Trends PQRS

• Move to 9 measures for successful reporting
• Elimination of process based measures
• Move toward outcomes measures
• Measures groups required to have at least 6 measures
• Move toward electronic data submission
  – Increased use of registry, QCDR and EHR reporting
The Value-Based Modifier (VM) Program

- VM was mandated by Section 3007 of the Affordable Care Act, to begin by 2015. *This program is separate from PQRS.*
- CMS will begin applying VM under the Medicare Physician Fee Schedule (MPFS) in CY2015 (using CY2013 data).
- *The proposed CY2015 MPFS rule includes a proposal to expand the program in CY2017 (using CY2015 data) to include:*  
  - Nonphysician Eligible Professionals (EPs) this includes PTs  
  - Solo practitioners and groups of 2-9 providers
# VM Program Expansion

<table>
<thead>
<tr>
<th>Participants</th>
<th>Data Year</th>
<th>VM Year</th>
<th>Payment Adjustments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physician groups over 100 providers*</td>
<td>2013</td>
<td>2015</td>
<td>-1.0% to +2.0x</td>
</tr>
<tr>
<td>Physician groups over 10-99 providers</td>
<td>2014</td>
<td>2016</td>
<td>-2.0% to +2.0x</td>
</tr>
<tr>
<td>Non-physician Eligible Professionals (EPs) in groups 2-9 AND solo providers</td>
<td>2015</td>
<td>2017</td>
<td>-4.0% to +4.0x</td>
</tr>
</tbody>
</table>

*Group size determined by number of total eligible professionals
The Value-Based Modifier (VM) and PTs

- The proposal to include PTs in the VM program would begin in CY2017, however this would be based on the PTs performance in 2015.

- *Eligible PTs (in private practice- billing on the 1500 form) who do not participate OR who fail to successfully reporting under PQRS in CY2015 will be assessed a -2.0% penalty under the PQRS program in CY2017 AND a -4.0% penalty under the VM program CY2017.*
The Value-Based Modifier (VM) and PTs

• The VM program has a quality tiering methodology that takes into account both quality and cost.
  – *The quality portion of the methodology is based largely on PQRS performance.*
  – The cost portion of the methodology would not typically apply to PTs and PTs would be given an average rating on this section based on CMS guidelines.
## PQRS and VM in for PTs CY2015

<table>
<thead>
<tr>
<th>PQRS CY2015 (calculated on NPI/TIN)</th>
<th>Value-Based Modifier CY2015 (calculated on TIN)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Claims as Individuals: Report on 6 measures (all available PT measures) for 50% or more of all Medicare Part B FFS patients. <strong>NO penalty in CY2017.</strong></td>
<td>Solo practitioners or groups of 2-9 PTs or other nonphysician EPs (at least 50% of PTs/ nonphysician EPs reporting as individuals in practice must be successful in PQRS CY2015). <strong>Neutral or upward payment in CY2017.</strong></td>
</tr>
<tr>
<td>PQRS Registry as Individuals: Report on 9 measures (or if less than 9 available 8-1 measures) for 50% or more of all Medicare Part B FFS patients. <strong>NO penalty in CY2017.</strong></td>
<td>Groups of 10+ PTs or PTs and other EPs (at least 50% of PT’s/ EPs reporting as individuals in group must be successful in PQRS in CY 2015). <strong>Downward, neutral or upward payment adjustment in CY2017.</strong></td>
</tr>
<tr>
<td>GPRO in a PQRS Registry: Report on 9 measures (or if less than 9 available 8-1 measures) for 50% or more of all Medicare Part B FFS patients. <strong>NO penalty in CY2017.</strong></td>
<td></td>
</tr>
<tr>
<td>Non participation or failure to meet successful reporting requirements. <strong>-2.0% payment adjustment in CY2017.</strong></td>
<td>Solo practitioners or groups of 2-9 PTs/ nonphysician EPs AND groups of 10+ PTs or PTs/ EPs where less than 50% of PT’s/ EPs in group are successful in PQRS OR Groups and solo practitioners who do not participate in PQRS. <strong>-4.0% payment adjustment in CY2017.</strong></td>
</tr>
</tbody>
</table>
BACK TO THE FUTURE: THE REGISTRY
What is the Registry?

The Physical Therapy Outcome Registry is an organized system to collect data to evaluate patient function and other clinically relevant measures for the population of patients receiving physical therapy services. The registry will serve to inform reimbursement, improve practice, fulfill quality reporting requirements, and promote research.
Registry Hub & Spoke Design

PTOR

- EHR’s
- EMR’s
- Components
- Billing vendors
- Health systems
- Facility based practices
- Private practice clinics

- Allow for data to be gathered across the continuum of care
- Facilitate bi-directional communication
PT Outcome Registry

- Guide payment policy
- Inform payment contract negotiations

- Determine clinical practice patterns
- Assess adherence to CPG’s

- Demonstrate the value of PT services
- Promote health services research

- Fulfill quality reporting requirements (Medicare)
- Support quality improvement initiatives
What Data is in the Registry?

Core Data Set (All Participants)

- Facility data
- Provider data
- Patient data

Quality Data

- PQRS
- FLR

Modules (CPGs)

- Intervention data
- Condition specific outcomes
## Benefits of Participation

<table>
<thead>
<tr>
<th>Enhance Patient Care</th>
<th>Improve your Practice</th>
<th>Grow your Business</th>
<th>Meet Regulatory Requirements</th>
</tr>
</thead>
<tbody>
<tr>
<td>Improve patient outcomes</td>
<td>Benchmark PT and practice performance</td>
<td>Objectively market your practice to a variety of payers and consumers</td>
<td>Fulfil PQRS requirements</td>
</tr>
<tr>
<td>Increase patient satisfaction</td>
<td>Improve efficiency</td>
<td>Prove the value of your practice</td>
<td>Easily access PQRS feedback reports</td>
</tr>
<tr>
<td>Improve physical therapist decision making</td>
<td>Maximize productivity</td>
<td>Differentiate your practice in the PT market</td>
<td></td>
</tr>
<tr>
<td>Further develop best practices</td>
<td>Justify services to payers</td>
<td>Increase referrals</td>
<td></td>
</tr>
<tr>
<td>Support quality improvement initiatives</td>
<td>Identify training/educational opportunities</td>
<td>Compare performance year-by-year</td>
<td></td>
</tr>
</tbody>
</table>
Registry Timeline

2014
Testing and pilot launch

2015
Full launch of PTOR

2016 & Beyond
Continued PTOR growth

http://www.apta.org/Registry
That the physical therapy profession uses standardized collection, analysis, and dissemination of intervention and outcomes data as a regular part of practice at all levels to determine what interventions best improve the health of individual and society and to identify and emulate the positive deviants within our clinical communities.

-Alan Jette; Face into the Storm
Quality Strategies for PTs

• Be aware of the quality environment
  – Fee schedule rules/ summaries:
    http://www.apta.org/Payment/Medicare/CodingBilling/Fe eSchedule/
  – www.apta.org/pqrs (VM site if the rule finalizes)
  – www.apta.org/flr
  – Other quality programs:
    http://www.apta.org/Payment/Medicare/PayforPerforman ce/
  – www.apta.org/registry
PT and the Quality Future

Opportunities
• Moving towards harmonization of standard functional outcome data set/tool
• Measure development and collaboration
• Registry

Challenges
• Responding to the ever changing quality environment- trying to stay “ahead of the curve”
• Need for more PT specific measures
• Future of FLR
• Integrating QI into practice
Questions

Advocacy@apta.org
OR
800-999-2782 ext 8511