



MLN ConnectsTM

National Provider Call

Physician Quality Reporting System (PQRS) Feedback Reports and the PQRS Informal Review Process for Program Year 2015 Results

August 10, 2016



Disclaimer

This presentation was current at the time it was published or uploaded onto the web. Medicare policy changes frequently so links to the source documents have been provided within the document for your reference.

This presentation was prepared as a service to the public and is not intended to grant rights or impose obligations. This presentation may contain references or links to statutes, regulations, or other policy materials. The information provided is only intended to be a general summary. It is not intended to take the place of either the written law or regulations. We encourage readers to review the specific statutes, regulations, and other interpretive materials for a full and accurate statement of their contents.

Agenda and Learning Objectives

- PQRS Negative Payment Adjustment, PQRS Feedback Reports, and PQRS Informal Review
- How to Request an Informal Review
- Where to Call for Help & Resources
- Question & Answer Session

[Acronyms](#)

Acronyms in this Presentation

ACO: Accountable Care Organizations

CMS: Centers for Medicare & Medicaid Services

CPC: Comprehensive Primary Care

CSP: Communication Support Page

EHR: Electronic Health Record

EIDM: Enterprise Identity Management System

EP: Eligible Professional

GPRO: Group Practice Reporting Option

HHS: Health and Human Services

MAV: Measure-Applicability Validation

MACs: Medicare Administrative Contractors

MLN: Medicare Learning Network

MPFS: Medicare Physician Fee Schedule

NPI: National Provider Identifier

PQRS: Physician Quality Reporting System

PY: Program Year

QRUR: Quality Resource and Usage Report

TIN: Tax Identification Number

VM: Value-Based Payment Modifier

PQRS Negative Payment Adjustments

Presenter: Bobby Harris

About the Payment Adjustment

- PQRS applies a negative 2% payment adjustment to 2017 payments under the Medicare Physician Fee Schedule (MPFS) to individual eligible professionals (EPs) and PQRS group practices who did not satisfactorily report PQRS data in 2015.
 - Individual EPs are identified on claims by their individual National Provider Identifier (NPI) and Tax Identification Number (TIN).
 - Group practices participating in PQRS via the group practice reporting option (GPRO) are referred to as PQRS group practices and are identified by their TIN.

[Acronyms](#)

About the Payment Adjustment (cont.)

- Individual EPs and PQRS group practices must have met the criteria for satisfactorily reporting PQRS data in 2015 for covered professional services to avoid the negative payment adjustment.
- PQRS feedback reports provide detail on the individual EP's and PQRS group practice's reporting, performance, and whether or not they are subject to the negative payment adjustment.
- Payment adjustment letters are anticipated to be sent in late summer.

[Acronyms](#)

PQRS Feedback Reports

Presenter: Alesia Hovatter

About PQRS Feedback Reports

- Each year, individual EPs and PQRS group practices receive PQRS feedback reports on whether they satisfactorily reported and if they are subject to the future negative payment adjustment.
 - 2015 program participation affects payment adjustments in 2017.
- PQRS group practices will receive PQRS feedback reports for their 2015 submission.
- 2015 Annual Quality Resource and Usage Reports (QRURs) will be available in fall 2016 and will show the TIN's actual performance on all of the quality and cost measures used to calculate the 2017 Value Modifier.

[Acronyms](#)

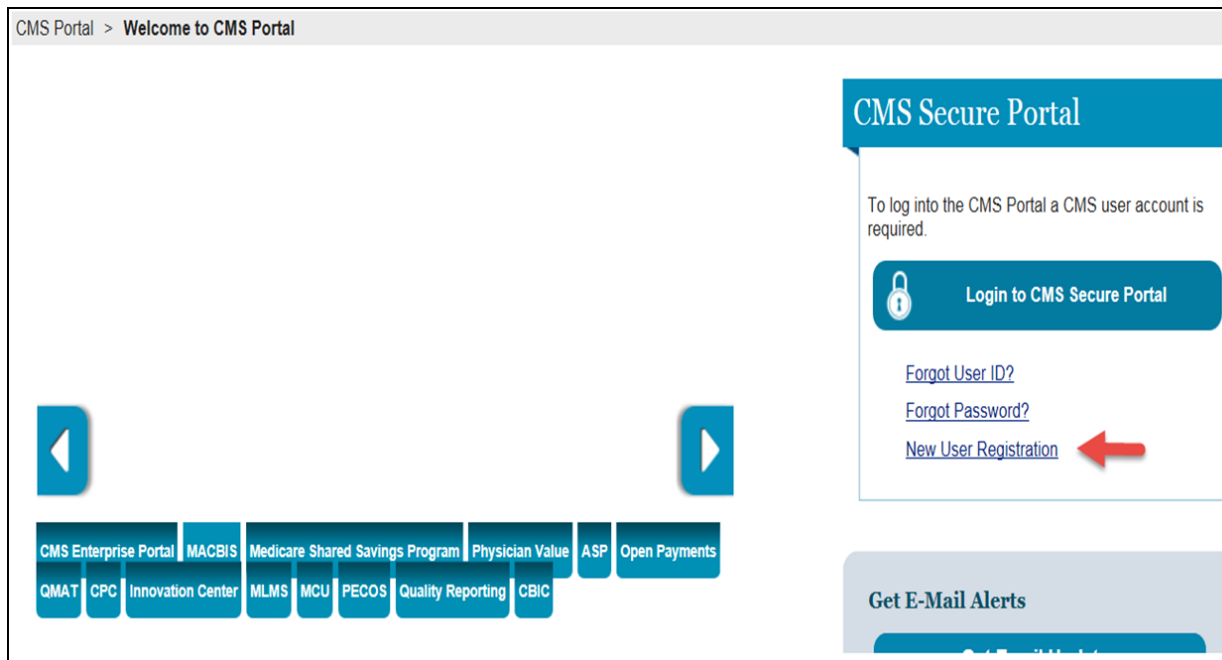
About PQRS Feedback Reports (cont.)

- A report will be generated for each TIN/NPI combination or PQRS group practice if one of the following scenarios apply:
 1. Individual EPs or PQRS group practices submitted PQRS quality data through one of the approved reporting mechanisms.
 2. EPs submitted MPFS claims that included denominator-eligible instances but did not submit PQRS quality data.

[Acronyms](#)

About PQRS Feedback Reports (cont.)

- PQRS participants and their staff will need an Enterprise Identity Management System (EIDM) account to access 2015 PQRS feedback reports. EIDM is accessible from the CMS Enterprise Portal at <https://portal.cms.gov>.

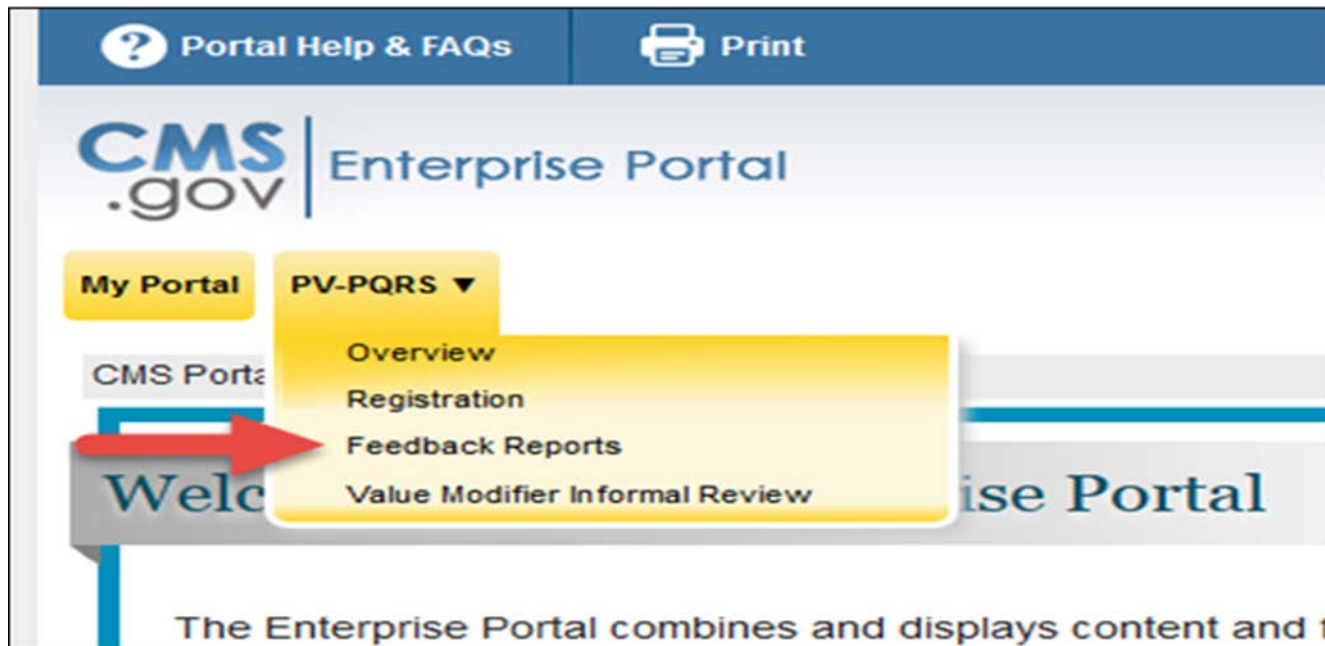


- New and existing users are encouraged to request and/or access their accounts to ensure that they have the proper roles to obtain their PQRS feedback reports.

[Acronyms](#)

About PQRS Feedback Reports (cont.)

- After you establish an EIDM account with the correct role, follow these steps to access your PQRS Feedback Reports:
 1. Log into the CMS Enterprise Portal: <https://portal.cms.gov>
 2. Select “login to CMS Secure Portal”, accept the Terms and Conditions, and enter your EIDM User ID and password to log in.
 3. Select the “PV-PQRS” tab, and the “Feedback Reports” option.



[Acronyms](#)

About PQRS Feedback Reports (cont.)

- Quick Reference Guides are available for assistance with roles and EIDM accounts in the [Physician and Other Health Care Professionals Quality Reporting Portal](#).
- For more information on 2015 PQRS feedback reports and how to request them, visit the [How to Obtain a Quality Resource and Usage Report \(QRUR\) webpage](#).

[Acronyms](#)

Updates to PQRS Feedback Reports: Individual EPs

- The reports provide information about whether an individual EP satisfactorily reported.
- The reports will include the final payment adjustment assessment status.
- The data are displayed in the PQRS feedback reports at 3 different levels:
 - Provider level
 - Reporting mechanism level
 - Measure level
- Reporting rate and available supporting data elements for the measure applicability validation (MAV) process will be reported.
 - MAV eligibility notes and other satisfactorily reporting criteria addendum notes have been added to the reports.

[Acronyms](#)

Updates to PQRS Feedback Reports: Group Practices Participating in PQRS GPRO

- All the criteria used to determine satisfactory reporting are included at the appropriate data level.
- The report will include all providers for the PQRS group practice with their payment adjustment assessment status.
- Reporting mechanism data and measure performance detail will be provided for GPRO registry and GPRO EHR submissions.
 - Please note that the measure performance detail data for GPRO Web Interface submissions will not be reported but will be included in the 2015 QRURs.

[Acronyms](#)

PQRS Informal Review

Presenter: Bobby Harris

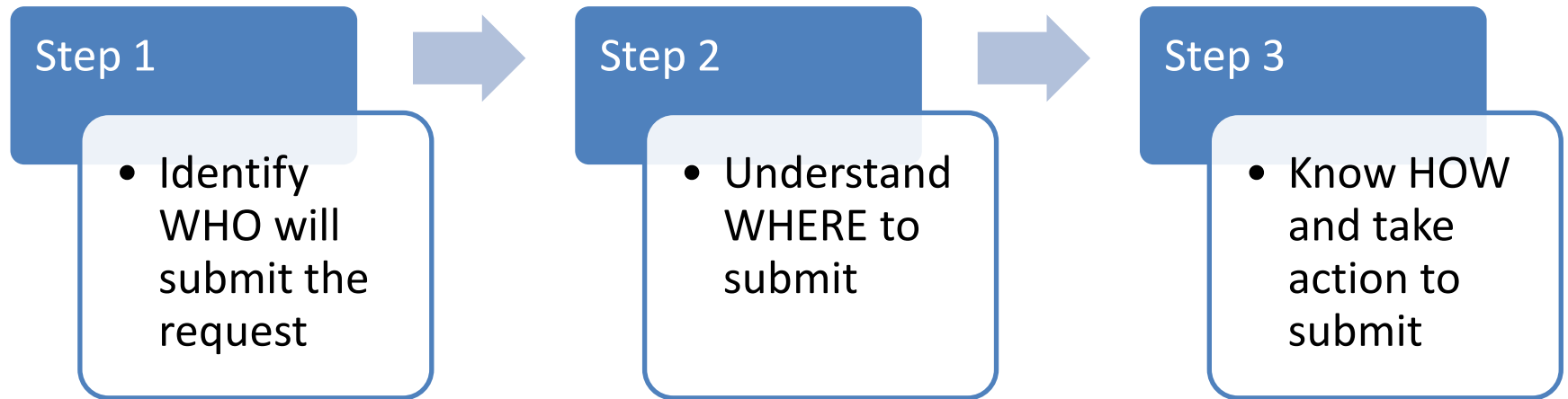
About PQRS Informal Review

- An informal review is a process that allows individual EPs, Comprehensive Primary Care (CPC) practice sites, PQRS group practices, or Accountable Care Organizations (ACOs) to request a review of their payment adjustment determination.
- With an informal review request, CMS will investigate whether the outcome was appropriate.
- If the determination is made that satisfactory reporting was achieved, CMS will reverse the application of the negative PQRS payment adjustment.

Note: This information applies to the PQRS informal review process only.

[Acronyms](#)

3 Steps to Requesting a PQRS Informal Review



Who Should Submit a PQRS Informal Review Request

- If you believe that a 2017 negative PQRS payment adjustment was applied in error, you can submit an informal review request.
- Individual EPs or support staff submit a request for an informal review for each TIN/NPI which submitted 2015 PQRS data.
 - The informal review is at the TIN/NPI level; a separate request must be submitted for each TIN an NPI is questioning.
- The group practice reporting via PQRS GPRO or ACO point of contact will need to request an informal review for the PQRS group practice TIN or each individual ACO participant TIN under which 2015 PQRS data was submitted.
- **Note: The informal review decision will be final and there will be no further review.**

[Acronyms](#)

Where and How to Submit a PQRS Informal Review Request

- To submit a 2015 PQRS informal review request, go to the [Quality Reporting Communication Support Page \(CSP\)](#), which is projected to be available fall of 2016.

The screenshot displays the CMS.gov QualityNet interface. At the top, the CMS.gov logo and QualityNet text are visible, along with the text 'Centers for Medicare & Medicaid Services'. On the left, a 'Related Links' sidebar contains a tree view with the following items: CMS, Quality Improvement Resources, Measure Development, Consensus Organizations for Measure Endorsement/Approval, Communication Support Page (highlighted in yellow with a red arrow), NPI Level Report Request, Informal Review Request (highlighted in yellow with a red arrow), PQRS Informal Review (highlighted in yellow with a red arrow), VM Informal Review, and EHR Reconsiderations. To the right of the sidebar, a 'Guest Announcement' box contains text about the confidentiality of PQRS feedback reports and access to 2014 and later reports. Below this, the 'Physician and Other Health Care Professionals Quality Reporting Portal' section features a 'Sign In' button and the text 'to your Portal'.

[Acronyms](#)

Where and How to Submit a PQRS Informal Review Request (cont.)

- CMS will announce the availability of the [Quality Reporting Communication Support Page \(CSP\)](#) page through [MLN Connects Provider eNews](#), the [PQRS Listserv](#), and other related CMS listservs.
- For detailed information about submitting an informal review request, please refer to the “2015 Physician Quality Reporting System (PQRS): 2017 Negative Payment Adjustment - Informal Review Made Simple” on the [PQRS Payment Adjustment Information webpage](#).

FAQs

Top FAQs

Question: When can I expect a decision for the informal review?

Answer: CMS aims to complete the informal review process prior to the start of the payment adjustment period. Informal review responses will be sent via email to the submitter's email address. Be sure to check your junk email folders and spam filters for informal review responses. If you have questions about your informal review request, please contact the [QualityNet Help Desk](#).

Question: I submitted an informal review request and received a letter stating my informal review was denied. Can I submit an additional informal review request?

Answer: The informal review decision is final, and CMS will not conduct any further review. The 2017 payment adjustment will only apply to Medicare Part B Physician Fee Schedule (MPFS) charges during the 2017 PQRS payment adjustment year.

[Acronyms](#)

Top FAQs (cont.)

Question: I submitted an informal review request and the response stated that I will not be subject to the payment adjustment. When will the payment adjustment be reversed?

Answer: CMS attempts to complete the informal review process prior to the start of the payment adjustment period. Informal reviews completed prior to the adjustment period are reflected on the payment adjustment file distributed to the Medicare Administrative Contractors (MACs). If informal reviews are conducted after the payment adjustments are applied, new files are distributed periodically to provide the necessary updates. In this case, a reversal is applied and all previously adjusted claims are reprocessed at the correct rate. Yet, there is no exact timeframe as to when this will occur.

[Acronyms](#)

Top FAQs (cont.)

Question: I submitted an informal review request and the results stated I am no longer subject to the payment adjustment. When will the feedback report reflect the results of the informal review?

Answer: The feedback reports will not be regenerated to reflect the change in the payment adjustment decisions. It is recommended that you retain a copy of the feedback reports and the correspondence from the informal review decision for your records. If you need additional information regarding the informal review decision, you may contact the [QualityNet Help Desk](#).

[Acronyms](#)

Where to Call for Help & Resources

Where to Call for Help

QualityNet Help Desk

qnetsupport@hcqis.org

866-288-8912 (TTY 877-715-6222)

Monday-Friday 8:00 am - 8:00 pm ET

You will be asked to provide basic information such as name, practice, address, phone, and email.

Physician Value Help Desk

pvhelpdesk@cms.hhs.gov

888-734-6433 Option 3

Have a question, but not a lot of time?

Email your questions about today's National Provider Call
with the subject: *NPC_08102016*

[Acronyms](#)

Where to Call for Help (cont.)

Provider Contact Center:

See [Contact Center Directory](#)

EHR Incentive Program Information Center:

888-734-6433 (TTY 888-734-6563)

Medicare Shared Savings Program Help Desk:

888-734-6433 Option 2 or aposd@cms.hhs.gov

Operational & Program Support: sharesavingsprogram@cms.hhs.gov

CPC Initiative Help Desk:

800-381-4724 or cpcisupport@telligen.org

[Acronyms](#)

Resources

Overview of the 2015 Annual Quality and Resource Use Reports

MLN Connects® National Provider Call

[Acronyms](#)

Resources

- [PQRS website](#)
 - Statute Regulation Program Instructions, Analysis and Payment, Payment Adjustment Information, Measure Specifications
- [Medicare FFS Physician Feedback Program/VM website](#)
 - VM Information, GPRO Registration, QRUR Information
- [Physician Compare website](#)
- [Communication Support Page website](#)
 - NPI-level feedback on claims-based reporting
- [A Blueprint for the CMS Measures Management System](#)

Resources (cont.)

- [CMS Enterprise Portal](#)
- [Physician and Other Health Care Professionals Quality Reporting Portal](#)
 - Archived Feedback Reports, Enterprise Identity Management (EIDM) information
- [The IACS – EIDM User Guide](#)
- [The EIDM System Toolkit](#)
 - Packages helpful resources for users, including those who transitioned from IACS to EIDM
- [EIDM YouTube training videos](#)

[Acronyms](#)

Question & Answer Session

Evaluate Your Experience

Please help us continue to improve the MLN Connects® National Provider Call Program by providing your feedback about today's call.

To complete the evaluation, visit <http://npc.blhtech.com> and select the title for today's call.

[Acronyms](#)

CME and CEU

This call is being evaluated by CMS for CME and CEU continuing education credit. For more information about continuing education credit, review the *CE Activity Information & Instructions* document available at the link below for specific details:

<https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNEdWebGuide/Downloads/CEInfo-MLNConnects-TC-L08102016.pdf>

[Acronyms](#)

Thank You

- For more information about the MLN Connects® National Provider Call Program, please visit <http://cms.gov/Outreach-and-Education/Outreach/NPC/index.html>.
- For more information about the Medicare Learning Network®, please visit <http://cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNGenInfo/index.html>.

The Medicare Learning Network® and MLN Connects® are registered trademarks of the U.S. Department of Health and Human Services (HHS).

[Acronyms](#)