

2011 Physician Quality Reporting System: Informal Review Made Simple

Background

The Physician Quality Reporting System (Physician Quality Reporting) is a voluntary reporting program that provides an incentive payment to identified individual eligible professionals, or CMS-selected group practices participating in the 2011 group practice reporting option (GPRO), who satisfactorily report data on quality measures for covered Medicare Physician Fee Schedule (PFS) services furnished to Medicare Part B Fee-for-Service (FFS) beneficiaries. A web page dedicated to providing all the latest news on Physician Quality Reporting is available at <http://www.cms.gov/pqrs> on the Centers for Medicare & Medicaid Services (CMS) website.

Purpose

This Fact Sheet provides step-by-step guidance for requesting an informal review of program year 2011 Physician Quality Reporting System results during the 2012 calendar year. This document applies only to the Physician Quality Reporting incentive payment eligibility and **does not** provide guidance for other Medicare or Medicaid incentive programs, such as the Electronic Prescribing (eRx) Incentive Program, the Maintenance of Certification Program, or the Electronic Health Record (EHR) Incentive Program.

Informal Review – Quick Facts

- Eligible professionals, or GPROs, can request a review of their 2011 Physician Quality Reporting incentive eligibility determination.
- The informal review will be for **all reporting transmission methods**, including:
 - claims,
 - qualified registry,
 - qualified EHR, or
 - GPRO I web interface.
- Informal review will cover data submitted for dates of service from **1/1/2011 through 12/31/2011**.
- If the eligible professional's 2011 Physician Quality Reporting quality-data codes (QDCs) were submitted via **claims**, the claim must have been processed into the National Claims History (NCH) file by **2/24/2012** for inclusion in Physician Quality Reporting incentive eligibility analysis.

How to Request an Informal Review of 2011 Incentive Eligibility

In order to request an informal review of 2011 Physician Quality Reporting incentive eligibility, the data must be analyzed, and feedback reports must be made available for eligible professionals. 2011 Physician Quality Reporting incentive eligibility informal review requests **MUST** be submitted **within 90 days** of the release of the 2011 Physician Quality Reporting System final feedback reports. CMS will announce the availability of the 2011 Physician Quality Reporting feedback reports via the Physician Quality Reporting website's "Spotlight" section at <http://www.cms.gov/pqrs>, and also via the FFS provider listserv (see <https://list.nih.gov/cgi-bin/wa.exe?A0=PHYSICIANS-L>).

- STEP 1: Individual Eligible Professionals** or designated support staff will need to request an informal review for the individual rendering National Provider Identifier (NPI) for each Tax Identification Number (TIN) under which (s)he submitted 2011 Physician Quality Reporting QDCs or data.

The **GPRO** contact person will need to request an informal review for the Tax Identification Number (TIN) under which the GPRO submitted 2011 Physician Quality Reporting QDCs or data.

- STEP 2:** To submit the request, go to the Quality Reporting Communication Support Page at <http://www.qualitynet.org/pqrs> > *Communication Support Page*. Availability of the Quality Reporting Communication Support Page will be provided through listserv notices.
- STEP 3:** Complete the mandatory fields in the online form, including the appropriate justification, for the request to be deemed valid. Failure to complete the form in full will result in the inability to have the informal review request analyzed. CMS may contact the requestor for additional information if necessary.
- STEP 4:** A valid request **MUST** be submitted **within 90 days** of the release of the 2011 Physician Quality Reporting System final feedback reports.

Informal Review Decision

Eligible professionals who submit valid requests for an informal review will be notified in writing of the decision by CMS within 90 days of the receipt of the original request for an informal review. ***Please note that the informal review decision will be final, and there will be no further review or appeal.***

Additional Information

- Eligible professionals can contact the **QualityNet Help Desk** for additional assistance regarding submitting a 2011 Physician Quality Reporting informal review request. The QualityNet Help Desk can be reached at **1-866-288-8912 (TTY 1-877-715-6222)** from 7:00 a.m. to 7:00 p.m. CST Monday through Friday, or via e-mail to Qnetsupport@sdps.org. To avoid security violations, **do not** include personal identifying information, such as Social Security Number or Tax Identification Number (TIN), in e-mail inquiries to the QualityNet Help Desk.
- For more information on the claims and registry-based reporting mechanisms, go to <http://www.cms.gov/pqrs> > *Measures Codes* on the CMS website.
- For more information on the EHR-based reporting mechanisms, go to <http://www.cms.gov/pqrs> > *Alternative Reporting Mechanisms* on the CMS website.
- For more information on the group practice reporting option (GPRO) and reporting requirements for Physician Quality Reporting System measures' data under the GPRO, go to <http://www.cms.gov/pqrs> > *Group Practice Reporting Option* on the CMS website.