



2011 Physician Quality Reporting System (PQRS): Informal Review Made Simple

Background

The Physician Quality Reporting System (PQRS) 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 PQRS is available at <http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/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 PQRS results during the 2012 calendar year. This document applies only to the PQRS 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, designated support staff/vendors, or GPRO contact staff can request a review of their 2011 PQRS incentive eligibility determination.
- The informal review will be for **all reporting transmission methods**, including:
 - Claims
 - Qualified registry
 - Qualified EHR
 - GPRO I web interface
- Informal review will cover data submitted for dates of service from **January 1, 2011 through December 31, 2011**.
- If the eligible professional's 2011 PQRS quality-data codes (QDCs) were submitted via **claims**, the claim must have been processed into the National Claims History (NCH) file by **February 24, 2012** for inclusion in PQRS incentive eligibility analysis.

How to Request an Informal Review of 2011 PQRS Incentive Eligibility

In order to request an informal review of 2011 PQRS incentive eligibility, the data must be analyzed, and feedback reports must be made available for eligible professionals. CMS must receive a valid informal review request via the web-based tool, Quality Reporting Communication Support Page (Communication Support Page), by **February 28, 2013**.

- STEP 1: Individual eligible professionals** or designated support staff will need to submit a request for an informal review for the individual rendering National Provider Identifier (NPI) for each Tax Identification Number (TIN) under which the requestor submitted 2011 PQRS 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 PQRS QDCs or data.

Qualified EHR vendors and registries can request an informal review on behalf of their client(s). One request will need to be submitted for every provider under which they would like CMS to conduct an informal review. The informal review decision will be sent to the applicable provider and not to the registry or EHR.

STEP 2: To submit the request, go to the Communication Support Page at https://www.qualitynet.org/portal/server.pt/community/communications_support_system/234. Informal review requests will be accepted via the Communication Support Page until **February 28, 2013**. Availability of the Communication Support Page will be provided through CMS FFS 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. To analyze the data, CMS must receive a valid informal review request via the Communication Support Page by **February 28, 2013**. CMS or the QualityNet Help Desk may contact the requestor for additional information if necessary.

Informal Review Decision

Eligible professionals who submit valid requests for an informal review will be notified via email of the decision by CMS within 60 days of the submission 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 PQRS 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 TIN, in e-mail inquiries to the QualityNet Help Desk.
- CMS will announce the availability of the final *2011 Physician Quality Reporting System Feedback Reports* via the CMS PQRS website's "Spotlight" section at <http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/Spotlight.html>, and also via the FFS provider listserv (see <https://list.nih.gov/cgi-bin/wa.exe?A0=PHYSICIANS-L>). Data provided in the *2011 Physician Quality Reporting System Feedback Report* will be eligible for analysis through the informal review process.
- For more information on the claims and registry-based reporting mechanisms, go to <http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/MeasuresCodes.html>.
- For more information on the EHR-based reporting mechanisms, go to <http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/Electronic-Health-Record-Reporting.html>.
- For more information on participating through the GPRO reporting option and GPRO reporting requirements for PQRS measures' data under the GPRO, go to http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/CMS-Selected-Group_Practice_Reporting_Option.html.