

# 2014 Physician Quality Reporting System (PQRS): Incentive Eligibility & 2016 Negative Payment Adjustment - Informal Review Made Simple

September 2015

## Background

What is PQRS?	What does it do?	More information
<ul style="list-style-type: none"> <li>PQRS is a quality reporting program that uses a combination of incentive payments and negative payment adjustments to promote reporting of quality information by <a href="#">eligible professionals (EPs)</a>. <i>Note that incentive payments were only authorized through 2014 program year (PY) reporting.</i></li> </ul>	<ul style="list-style-type: none"> <li>PY 2014 PQRS reporting provides a 0.5% incentive payment to individual EPs and group practices participating via the Group Practice Reporting Option (GPRO, referred to as PQRS group practices) who satisfactorily reported data on quality measures for covered Medicare Physician Fee Schedule (MPFS) services furnished to <b>Medicare Part B Fee-for-Service (FFS) beneficiaries</b>. This also applies to groups reporting via the Accountable Care Organization (ACO) GPRO Web Interface mechanism.</li> <li>The program also applies a negative payment adjustment to 2016 payments under the MPFS to those who did not meet the criteria for satisfactorily reporting PQRS data in 2014 for covered professional services.</li> <li>Additionally, PQRS provides an incentive payment or applies a negative payment adjustment to <a href="#">Comprehensive Primary Care (CPC)</a> practice sites based on whether the CPC practice sites elected the PQRS Waiver and their success of reporting quality measures to CPC.</li> </ul>	<ul style="list-style-type: none"> <li>EPs receiving a negative payment adjustment in 2016 will be paid 2.0% less than the MPFS amount for that service. For 2017 and subsequent years, the negative payment adjustment is also 2.0%.</li> <li>View the Centers for Medicare &amp; Medicaid Services (CMS) <a href="#">PQRS website</a>.</li> </ul>

## Purpose

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This fact sheet provides information about the 2016 PQRS negative payment adjustment as well as step-by-step guidance for requesting an informal review during the official time period of **September 9, 2015 through November 9, 2015**, for the 2014 PQRS program year. An informal review is the process that allows individual EPs, CPC practice sites, PQRS group practices, or ACOs to request a review of their incentive eligibility or negative payment adjustment determination. By this informal review request, CMS will investigate whether the individual EP, the CPC practice site, group practice, or ACO participant's outcome was appropriate.

*This document applies only to 2014 PQRS incentive payment eligibility and the 2016 PQRS negative payment adjustment. It **does not** provide guidance for other Medicare or Medicaid incentive programs, such as the [Maintenance of Certification Program](#), the [Electronic Health Record \(EHR\) Incentive Program](#), or the [Value-Based Payment Modifier \(Value Modifier\)](#).*

*For CPC practice sites who took advantage of the aligned reporting option between CPC and PQRS by electing the PQRS Waiver, a request for an informal review will only result in a review of the PQRS incentive eligibility or payment adjustment. Informal review requests will be denied for CPC practice sites who received a PQRS incentive payment. For questions related to CPC, please contact [CPC Support](#) ([cpcsupport@telligen.org](mailto:cpcsupport@telligen.org) or 800-381-4724).*

## 2016 PQRS Negative Payment Adjustment – Q&A

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In 2016, CMS will apply a 2.0% PQRS negative payment adjustment to payments under the MPFS for EPs who did not meet the criteria for satisfactory reporting in the 2014 PQRS. Individual EPs, CPC practice sites, and EPs in PQRS group practices or ACOs that provided professional services paid under or based on the MPFS from January 1, 2014, through December 31, 2014, will be analyzed for the 2016 PQRS payment adjustment.

*EPs billing under more than one Taxpayer Identification Number (TIN) need to meet the reporting criteria for each TIN under which they billed during the 2014 PQRS program year to avoid the 2016 PQRS negative payment adjustment for each TIN. Those group practices who registered to participate in PQRS as a group through GPRO or participate as an ACO will be analyzed at the TIN level; therefore, all providers under that TIN who billed Medicare Part B PFS services will be included in the analysis for purposes of the 2016 PQRS negative payment adjustment.*

## How do I know if I am subject to a payment adjustment?

If you reported PQRS data in 2014 as an individual EP, the **2014 PQRS Feedback Report** is the final determination of whether you met at least one of the 2014 PQRS criteria for avoiding the 2016 PQRS negative payment adjustment. The report will be available Fall 2015; CMS will announce its availability through the Medicare Learning Network (MLN) Connects Provider eNews announcement and the PQRS listserv. Sign up for the **PQRS listserv and the MLN Connects listserv**.

If you are a CPC practice site and elected the PQRS Waiver in 2014, but did not meet CPC eCQM reporting requirements, then all participating CPC EPs at your practice site will be subject to the PQRS payment adjustment.

PQRS group practices and ACOs will only be able to access 2016 PQRS payment adjustment data through the CMS Physician Feedback Program Quality and Resource Use Report (QRUR), accessible through the **CMS Enterprise Portal** with EIDM login. For group practices that reported PQRS data in 2014, the 2014 Annual QRUR is the final determination of whether you have met at least one of the 2014 PQRS criteria for avoiding the 2016 PQRS negative payment adjustment.

## Can I request a review of my payment adjustment and how can I avoid it in the future?

If you participated in 2014 PQRS and believe that a 2016 negative PQRS payment adjustment is being applied in error, you can submit an informal review request. For more information, please access the CMS PQRS website under the **Analysis and Payment page** or follow the instructions below.

Participate in 2015 PQRS now to avoid the 2017 PQRS negative payment adjustment. Please note that the timeframe for reporting may vary depending on reporting mechanism. Refer to the ***How Do I Avoid the 2017 Medicare Quality Reporting Payment Adjustments*** document for more information.

## Informal Review – Quick Facts

- An informal review is the process that allows individual EPs, CPC practice sites, PQRS group practices and ACOs to request a review of their incentive eligibility or payment adjustment determination.
- When an informal review request is received, CMS will investigate whether the EP, CPC practice site, PQRS group practice, or ACO met the criteria for satisfactorily reporting under PQRS.
- The informal review will be available for **all 2014 reporting mechanisms**, including:
  - Claims (individual EPs only)
  - Qualified registry (individual EPs, PQRS group practices)
  - Qualified EHR – EHR direct or data submission vendor (individual EPs, PQRS group practices, CPC practice site)
  - Qualified clinical data registry (QCDR) (individual EPs only)
  - GPRO Web Interface (for group practice of 25 or more National Provider Identifiers [NPIs])
  - Consumer Assessment of Healthcare Providers and Systems (CAHPS) for PQRS summary survey modules (for group practice of 25 or more NPIs to supplement their GPRO reporting)
  - Attestation via the CPC Web Application (for CPC practice sites that elected the PQRS Waiver)
- Informal review will cover data submitted for the reporting year from **January 1, 2014 through December 31, 2014**.
- EPs who reported via claims for the 2014 PQRS can request an informal review of quality-data codes (QDCs) submitted and processed into the National Claims History (NCH) file by **February 27, 2015** for inclusion in 2014 PQRS incentive eligibility analysis.

# How to Request an Informal Review of 2014 PQRS Incentive Eligibility and 2016 PQRS Negative Payment Adjustment

Use the following steps to request an informal review of your 2014 PQRS results during the informal review period of **September 9, 2015 through November 9, 2015**:

Step	Description
<p><b>Step 1:</b> Identify <b>WHO</b> will submit the request</p>	<p><b>Individual EPs</b> or designated support staff will need to submit a request for an informal review for each individual rendering NPI for each TIN under which the requestor submitted 2014 PQRS QDCs or data. The informal review is at the TIN/NPI level; therefore, <b>a separate request</b> must be submitted for each TIN an NPI is questioning.</p> <p>The group practice reporting via <b>PQRS GPRO or ACO</b> point of contact will need to request an informal review for the TIN under which the group practice or ACO submitted 2014 PQRS data.</p> <p><b>CPC practice sites</b> who elected the PQRS waiver and are requesting an informal review should submit a request for the CPC practice site. You will be required to enter the CPC practice site ID number in the <a href="#">Quality Reporting Communication Support Page (CSP)</a>, which will ensure that the informal review is applied to all CPC EPs who were active at the practice site in 2014.</p> <p>CPC practice sites who did not elect the PQRS waiver, but would like to request an informal review, will do so via the method under which they reported to PQRS (e.g., via GPRO or as an individual EP).</p> <p><b>Qualified EHR vendors and registries</b> can request an informal review on behalf of their client(s). One request will need to be submitted for each TIN/NPI 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 vendor.</p>
<p><b>Step 2:</b> Understand <b>WHERE</b> to submit</p>	<p>To submit the request, go to the <a href="#">CSP</a>, which will be available <b>September 9, 2015 through November 9, 2015</b>. CMS will announce the availability of this page through <a href="#">MLN Connects Provider eNews</a>, the <a href="#">PQRS Listserv</a>, and other related CMS listservs.</p> <p>All informal review requests must be submitted electronically through the CSP.</p>
<p><b>Step 3:</b> Know <b>HOW</b> and take action to submit</p>	<p><i>The QualityNet Help Desk is also able to assist in requesting a review, and their contact information can be found under "Additional Information."</i></p> <p>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 or the QualityNet Help Desk may contact the requestor for additional information, if necessary.</p>

## Informal Review Decision

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EPs, PQRS group practices, ACOs, CPC practice sites, support staff, or vendors who submit valid requests for an informal review will be sent a confirmation email that CMS has received and will process their request. Then, they will be notified via email of the decision by CMS within 90 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.**

## Additional Information

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- EPs can contact the [QualityNet Help Desk](#) for additional assistance regarding submitting a 2014 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. Central Time, Monday through Friday, or via email to [Qnetsupport@hcqis.org](mailto:Qnetsupport@hcqis.org). To avoid security violations, **do not** include personal identifying information, such as Social Security Number or TIN, in email inquiries to the QualityNet Help Desk.
- CPC practice sites can contact the CPC Support Desk at 800-381-4724, or via email to [cpcsupport@telligen.org](mailto:cpcsupport@telligen.org) for additional assistance regarding 2014 PQRS informal reviews.
- CMS will announce the availability of the final *2014 Physician Quality Reporting System (PQRS) Feedback Reports* via the CMS program websites mentioned above, and also via [Medicare Learning Network \(MLN\) Connects Provider eNews](#), the [PQRS Listserv](#), and other related CMS listservs. Data provided in feedback reports will be eligible for analysis through the informal review process.
- Register for weekly [MLN Connects Provider eNews](#) announcements.
- View more information on CMS PQRS [reporting requirements](#).
- View more information on the [claims-based reporting mechanism for PQRS](#).
- View more information on the [EHR-based reporting mechanisms for PQRS](#).
- View more information on the [registry-based reporting mechanism for PQRS](#).
- View more information on the [QCDR-based reporting mechanism for PQRS](#).
- View more information on [participating in PQRS through the GPRO and GPRO reporting requirements for PQRS measures data](#).
- View more information on [CAHPS for PQRS via CMS-certified survey vendor](#).
- View more information on [ACOs, including related FAQs](#).

## Questions?

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Contact the **QualityNet Help Desk** at **1-866-288-8912** (TTY 1-877-715-6222) or [Qnetsupport@hcqis.org](mailto:Qnetsupport@hcqis.org) Monday-Friday from 7:00 a.m. to 7:00 p.m. Central Time. 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.