



2015 Physician Quality Reporting System (PQRS): 2017 Downward Payment Adjustment - Informal Review Made Simple

September 2016; Updated November 2016

Background

What is PQRS?	What does it do?	More information
<ul style="list-style-type: none"> The Physician Quality Reporting System (PQRS) is a voluntary quality reporting program that applies a downward payment adjustment to promote the reporting of quality information by individual eligible professionals (EPs) and group practices. The program applies a downward payment adjustment to practices with eligible professionals, identified on claims by their individual National Provider Identifier (NPI) and Tax Identification Number (TIN), or PQRS group practices participating via the group practice reporting option (GPRO), referred to as PQRS group practices, who do not satisfactorily report data on quality measures for covered Medicare Physician Fee Schedule (Medicare PFS) services furnished to Medicare Part B Fee-for-Service (FFS) beneficiaries (including Railroad Retirement Board and Medicare Secondary Payer). For more information on PQRS or the payment adjustment, visit the PQRS webpage. 	<ul style="list-style-type: none"> PY 2015 PQRS reporting data is used to determine if the 2017 PQRS downward payment adjustment will be applied. Individual EPs and PQRS group practices who satisfactorily reported data on quality measures for covered Medicare PFS services furnished to Medicare Part B FFS beneficiaries will avoid the 2017 PQRS payment adjustment. This also applies to groups reporting via the Accountable Care Organization (ACO) GPRO Web Interface mechanism. Additionally, PQRS applies a downward payment adjustment to Comprehensive Primary Care (CPC) practice sites who elected the PQRS Waiver and were unsuccessful in reporting quality measures to CPC. 	<ul style="list-style-type: none"> Individual EPs and PQRS group practices receiving a downward payment adjustment in 2017 will be paid 2.0% less than the Medicare PFS amount for that service. For 2018, the downward payment adjustment is also 2.0%. View the CMS PQRS webpage.

Purpose

This fact sheet provides information about the 2017 PQRS downward payment adjustment as well as step-by-step guidance for requesting an informal review during the official time period of **September 26, 2016 through December 7, 2016** for the 2015 PQRS program year. An informal review is a process that allows individual

EPs, CPC practice sites, PQRS group practices, or ACOs to request a review of their downward payment adjustment determination. By this informal review request, CMS will investigate whether the individual EP, the CPC practice site, PQRS group practice, or ACO participant's outcome was appropriate.

*This document applies only to the 2017 PQRS downward payment adjustment. It **does not** provide guidance for other Medicare or Medicaid programs, such as 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 payment adjustment. For questions related to CPC, please contact [CPC Support \(cpcsupport@telligen.org\)](mailto:cpcsupport@telligen.org) or 800-381-4724.

2017 PQRS Downward Payment Adjustment

In 2017, CMS will apply a 2.0% PQRS downward payment adjustment to payments under the Medicare PFS for individual EPs and PQRS group practices who did not meet the criteria for satisfactory reporting in 2015 PQRS. Individual EPs, CPC practice sites, PQRS group practices, or ACOs that provided professional services paid under or based on the Medicare PFS from January 1, 2015, through December 31, 2015, will be analyzed for the 2017 PQRS payment adjustment.

Additional Information:

- Individual EPs billing under more than one TIN need to meet the reporting criteria for each TIN under which they billed during the 2015 PQRS program year to avoid the 2017 PQRS downward payment adjustment for each TIN.
- Those group practices who registered to participate in PQRS as a group through a GPRO TIN 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 2017 PQRS downward payment adjustment.
- PQRS EPs who work at Critical Access Hospitals (CAHs) and have reassigned their billing rights over to the CAH (Method II) were considered eligible to participate in PQRS. Those EPs were able to report via any of the available reporting mechanisms as individual EPs or as part of a PQRS group practice.

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

If you reported PQRS data in 2015 as an individual EP or as a PQRS group practice, the **2015 PQRS Feedback Report** is the final determination of whether you met at least one of the 2015 PQRS criteria for avoiding the 2017 PQRS downward payment adjustment.

Reports were made available in September of 2016; CMS announced 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**.

Individual EPs, PQRS group practices, ACOs and CPC Practice sites can also utilize the PQRS Look Up tool located on the homepage of the Physician and Other Health Care Professionals Quality Reporting Portal (Portal). By entering a TIN, TIN/NPI or CPC Practice Site ID, users can check whether or not they are subject to the 2017 PQRS downward payment adjustment.

If you are a CPC practice site and elected the PQRS Waiver in 2015, but did not meet CPC eCQM reporting requirements, then all participating CPC EPs at your practice site as of 12/31/2015 will be subject to the PQRS payment adjustment.

ACOs will only be able to access 2017 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.

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

If you participated in 2015 PQRS and believe that a 2017 downward 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 2016 PQRS now to avoid the 2018 PQRS downward payment adjustment. Refer to ***Understanding the 2018 Medicare Quality Reporting Payment Adjustments*** document for more information.

Informal Review – Quick Facts

- When an informal review request is received, CMS will investigate whether the individual EP, CPC practice site, PQRS group practice, or ACO met the criteria for satisfactorily reporting under PQRS.
- The informal review is available for **all 2015 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 practices of 25 or more NPIs)

- Consumer Assessment of Healthcare Providers and Systems (CAHPS) for PQRS summary survey modules (for group practice of 2 or more NPIs who reported this in addition to another GPRO mechanism, as CAHPS for PQRS is not a reporting mechanism of its own).
- 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, 2015 through December 31, 2015**.
- Only claims that were submitted with quality-data codes (QDC) for the 2015 reporting period and processed by February 26, 2016 will be included in the analysis for 2017 PQRS payment adjustment determination.

How to Request an Informal Review of the 2017 PQRS Downward Payment Adjustment?

Use the following steps to request an informal review of your 2015 PQRS results during the informal review period of **September 26, 2016 through December 7, 2016**:

Step	Description
<p>Step 1: Identify WHO will submit the request</p>	<p>Individual EPs 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 2015 PQRS QDCs or data. The informal review is at the TIN/NPI level; therefore, a separate request must be submitted for each TIN a NPI is questioning.</p> <p>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.</p> <p>CPC practice sites 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 Quality Reporting Communication Support Page (CSP), which will ensure that the informal review is applied to all CPC EPs who were active at the practice site as of 12/31/2015.</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 (i.e., via GPRO or as an individual EP).</p> <p>Qualified EHR, QCDR and Registry vendors can request an informal review on behalf of their client(s). One request will need to be submitted for each TIN/NPI (Individual EPs) or TIN (GPRO) under which they would like CMS to conduct an informal review.</p>

Step	Description
<p>Step 2: Understand WHERE to submit</p>	<p>To submit the request, go to the CSP, which is available September 26, 2016 through December 7, 2016. CMS announced the availability of this page through MLN Connects Provider eNews, the PQRS Listserv, and other related CMS listservs.</p> <p>All informal review requests must be submitted electronically through the CSP. Below is a screenshot of the CSP and the link for Informal Review is highlighted:</p>  <p>The screenshot shows the CMS.gov QualityNet homepage. In the 'Related Links' section, 'Communication Support Page', 'Informal Review Request', and 'PQRS Informal Review' are highlighted in yellow. Red arrows point to these three items. Below this is a 'Guest Announcement' box with text about PQR feedback reports. At the bottom, there is a 'Physician and Other Health Care Professionals Quality Reporting Portal' section with a 'Sign In' button.</p>
<p>Step 3: Know HOW and take action to submit</p>	<p><i>The QualityNet Help Desk is also able to provide assistance with requesting an informal review, and their contact information can be found under the “Additional Information” section of this document.</i></p> <p>Complete the mandatory fields on the online form, including the appropriate justification, for the request to be deemed valid. Failure to complete the form in full or appropriately 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

Individual 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. Informal review responses, and decision about their payment adjustment status, will be sent via email to the submitter’s email address. **Please note that the informal review decision will be final and there will be no further review.**

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

Additional Information

- CMS will announce the availability of the final 2015 PQRS Feedback Reports via the [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.
- See the [PQRS PY2015 webpage](#) for more information on:
 - Reporting requirements
 - Reporting mechanisms
 - Payment adjustment information
 - Feedback report user guides
- View more information on [ACOs, including related FAQs](#).

Questions?

Contact the **QualityNet Help Desk** at **866-288-8912** (TTY 877-715-6222) or 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.

CPC practice sites can contact the CPC Support Desk at 800-381-4724, or via email to cpcsupport@telligen.org for additional assistance regarding 2015 PQRS informal reviews.