User Guide

2015 Physician Quality Reporting System (PQRS) Payment Adjustment Feedback Report

Disclaimer

This information 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.

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User Guide
2015 Physician Quality Reporting System (PQRS) Payment Adjustment Feedback Report

Purpose

The 2015 Physician Quality Reporting System (PQRS) Payment Adjustment Feedback Report User Guide is designed to assist eligible professionals (EPs), group practices, and their authorized users with accessing and interpreting the 2015 PQRS Payment Adjustment Feedback Report. The 2015 PQRS Payment Adjustment Feedback Report is the final determination on whether or not the EP or group practice met at least one of the 2013 PQRS criteria for avoiding the 2015 PQRS payment adjustment as outlined in the *2013 PQRS: 2015 PQRS Payment Adjustment* document, available at http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/Payment-Adjustment-Information.html.

The 2015 PQRS Payment Adjustment Feedback Reports do **not** provide payment adjustment analysis for group practices participating in the group practice reporting option (GPRO). Group practices participating in GPRO will be able to access 2015 PQRS payment adjustment data through the CMS Physician Feedback Program, accessible through the Physician and Other Health Care Professionals Quality Reporting Portal (Portal). For information on accessing PQRS GPRO feedback reports, group practices should go to http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeedbackProgram/ValueBasedPaymentModifier.html.

Note: *This user guide focuses on the 2015 PQRS Payment Adjustment Feedback Report and does not provide guidance on PQRS incentive payment eligibility or subjectivity for other Medicare incentive program payment adjustments. Information provided in this user guide is based on the 2013 Medicare Physician Fee Schedule (PFS) Final Rule.*

2015 PQRS Payment Adjustment Overview

Section 1848(a)(8) of the Social Security Act, as added by section 3002(b) of the Affordable Care Act, requires CMS to subject EPs who do not satisfactorily report data on quality measures for covered professional services to a payment adjustment beginning in 2015. The PQRS payment adjustment is applied two years after the 12-month reporting period; therefore, EPs who did not meet the payment adjustment criteria during the 2013 program year will receive a PQRS payment adjustment throughout the 2015 calendar year. The PQRS payment adjustment applies to all of the eligible professional's Part B covered professional services under the Medicare Physician Fee Schedule (PFS). Accordingly, EPs or group practices receiving a payment adjustment in 2015 will be paid 1.5% less than the MPFS amount for that service. For 2016 and subsequent years, the payment adjustment is 2.0%. A list of those considered eligible and able to participate in PQRS is available on the CMS program website at http://cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS.

Participation in PQRS is at the individual National Provider Identifier level within a Tax ID (TIN/NPI) or at the TIN level for group practices participating under the GPRO. Eligible professionals who worked for more than one organization during the 2013 PQRS program year needed to meet the payment adjustment criteria for each TIN under which (s)he worked to avoid the 2015 PQRS payment adjustment for each TIN. Those groups who self-nominated or registered to participate in PQRS GPRO, or participated as an Accountable Care Organization (ACO) GPRO will be analyzed at the TIN level; therefore, all providers under that TIN who bill Medicare Part B PFS will be included in analysis for purposes of the 2015 PQRS payment adjustment.

To avoid the 2015 PQRS payment adjustment, EPs and group practices had to meet one of the criteria for the 2015 PQRS payment adjustment, available on the CMS website at http://cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/Payment-Adjustment-Information.html.

Avoiding the 2015 PQRS Payment Adjustment

Individual Eligible Professionals

To avoid the 2015 PQRS payment adjustment, an individual EP must have met *at least one* of the following payment adjustment criteria during the 2013 PQRS program year (January 1-December 31, 2013).

- **Criteria 1:** Satisfactorily report for incentive eligibility as defined in the 2013 PQRS measure specifications (same criteria as 2013 PQRS incentive eligibility); **OR**

  Note: *If reporting for PQRS through another CMS program (such as the Medicare Shared Savings Program, Comprehensive Primary Care Initiative, Pioneer Accountable Care Organizations), please check the program's requirements for information on how to report quality data to earn a PQRS incentive and/or avoid the PQRS payment adjustment. Please note, although CMS has attempted to align or adopt similar reporting requirements across programs, eligible professionals should look to the respective quality program to ensure they satisfy the PQRS, EHR Incentive Program, Value-Based Payment Modifier (VBM), etc. requirements of each of these programs.*

- **Criteria 2:** Report at least one **valid** measure via claims, participating registry, or participating/qualified Electronic Health Record (EHR, including Data Submission Vendors and Direct EHR vendors); **or** Report at least one **valid** measures group via claims or participating registry; **OR**

- **Criteria 3:** Elect to participate in the CMS-calculated administrative claims-based reporting mechanism The election of the CMS-calculated administrative claims-based reporting was available only via the web from **July 15, 2013 through October 18, 2013**.

See http://cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/Payment-Adjustment-Information.html/.

PQRS GPRO

To avoid the 2015 PQRS payment adjustment, a group practice participating in PQRS GPRO must have met *at least one* of the following payment adjustment criteria during the 2013 PQRS program year (January 1-December 31, 2013).

- **Criteria 1:** Satisfactorily report for incentive eligibility as defined in the applicable 2013 PQRS measure specification (same criteria as 2013 PQRS incentive eligibility); **OR**

  Note*: If reporting for PQRS through another CMS program (such as the Medicare Shared Savings Program, Comprehensive Primary Care Initiative, Pioneer Accountable Care Organizations), please check the program's requirements for information on how to report quality data to earn a PQRS incentive and/or avoid the PQRS payment adjustment. Please note, although CMS has attempted to align or adopt similar reporting requirements across programs, eligible professionals should look to the respective quality program to ensure they satisfy the PQRS, EHR Incentive Program, Value-Based Payment Modifier (VBM), etc. requirements of each of these programs.*

- **Criteria 2:** Report at least one **valid** measure through the Web Interface (PQRS GPRO only, option available to group practices of 25 or more EPs), **or** participating registry (available to all PQRS GPRO group practice sizes); **OR**

- **Criteria 3:** Elect to participate in the CMS-calculated administrative claims-based reporting mechanism *(PQRS GPRO only).* The election of the CMS-calculated administrative claims-based reporting was available only via the web from **July 15, 2013 through October 18, 2013**.

See http://cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/Payment-Adjustment-Information.html.

The 2015 PQRS Payment Adjustment Feedback Reports do ***not*** provide payment adjustment analysis for group practices participating in GPRO. Group practices participating in GPRO will be able to access 2015 PQRS payment adjustment data through the CMS Physician Feedback Program, accessible through the Portal. For information on accessing PQRS GPRO feedback reports, group practices should go to http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeedbackProgram/ValueBasedPaymentModifier.html.

Report Overview

The 2015 PQRS Payment Adjustment Feedback Report is packaged at the TIN-level, with individual-level reporting (by NPI) for each EP who submitted under that TIN for services furnished during the reporting periods. Reports include high-level information on number of valid measures reported, whether or not they met criteria to avoid the PQRS payment adjustment and whether or not the EP will be subject to the payment adjustment. The 2015 PQRS Payment Adjustment Feedback Report will be accessible to all EPs who met the PQRS EP criteria during the 2013 PQRS reporting periods and billed denominator-eligible events.

This report will include 2013 PQRS program data submitted via claims, participating registry, participating data submission vendor or qualified direct EHR, or CMS-calculated administrative claims reporting mechanisms. PQRS analyzed all Medicare Part B PFS submissions for services furnished from January 1, 2013 to December 31, 2013 and processed by the CMS Central Office by February 28, 2014 to determine the EP's current payment adjustment status. Information in the report is identified by matching the identifier number in the CMS national Provider Enrollment Chain and Ownership System (PECOS) database. Be sure PECOS information is updated regularly.

The 2015 PQRS Payment Adjustment Feedback Report does ***not*** reflect CMS final decision of informal review requests, or analysis for group practices participating in GPRO. Group practices participating in GPRO will be able to access 2015 PQRS payment adjustment data through the CMS Physician Feedback Program, accessible through the Portal. For information on accessing PQRS GPRO feedback reports, group practices should go to http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeedbackProgram/ValueBasedPaymentModifier.html.

Each TIN/NPI had the opportunity to participate in PQRS via multiple reporting methods. Participation is defined as EPs submitting at least one QDC via claims, submitting data via a qualified registry, qualified EHR, or electing to participate in the CMS-calculated administrative claims reporting mechanism. For claims reporting, a valid submission was counted when a QDC was submitted and all measure-eligibility criteria were met (i.e., correct age, gender, diagnosis, and CPT). For registry and EHR reporting, a valid submission was counted when PQRS quality data was correctly submitted. For CMS-calculated administrative claims reporting mechanism, EPs and group practices had to log into the Physician Value (PV) PQRS website with an IACS account and sign up for this option. If an EP reported via multiple reporting methods and met the criteria for avoiding the PQRS payment adjustment through any method, the EP will not be subject to the 2015 PQRS payment adjustment.

CMS aims to release feedback reports before the application of the 2015 PQRS payment adjustment, starting January 1, 2015. The 2015 PQRS Payment Adjustment Feedback Reports are scheduled to be available in the fall of 2014. For more information on that process, see http://www.cms.gov/MLNMattersArticles/downloads/SE0922.pdf.

Following are examples and additional information about the TIN- and NPI-level 2015 PQRS Payment Adjustment Feedback Report data and appearance.

PQRS Payment Adjustment Feedback Report Content and Appearance

Two tables may be included in the 2015 PQRS Payment Adjustment Feedback Reports, Table 1: Reporting Summary for the Tax ID or TIN and Table 2: PQRS Payment Adjustment Summary for NPI. Feedback reports will be generated for each TIN with at least one EP who submitted Medicare Part B PFS services. Participants reporting as individuals will receive Table 2. Table 1, the TIN-level feedback report, is only accessible by the TIN. It is up to the TIN to distribute the information in Table 1 to the individual NPI. The length of Table 1 will depend on the number of TIN/NPIs participating in PQRS. For TIN/NPIs reporting via multiple reporting methods, the feedback report will display each reporting method. Subjectivity to the 2015 PQRS payment adjustment will be displayed for all TIN/NPIs. A breakdown of each individual NPI and participation will also be included.

The content and information included in the TIN-level report does not apply to group practices participating in GPRO. For information on accessing PQRS GPRO feedback reports, group practices should go to http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeedbackProgram/ValueBasedPaymentModifier.html.

Table 1: Reporting Summary for the Tax ID or TIN

Individual EP's TIN-level report will receive the following information for each NPI in Table 1 of the feedback report (see Example 1.1):

- **Total # Measures Groups Satisfactorily Reported to Avoid PQRS Payment Adjustment:** The number of measures groups (for which an intent G-code was reported) where at least one valid measure within the measures group was reported. This field will be populated with 'N/A' if no Intent G-code was reported, even if individual measures within the measures group were reported.
- **Total # Individual Measures Satisfactorily Reported to Avoid PQRS Payment Adjustment:** The total number of different individual measures reported for TIN/NPI based upon valid QDC submissions. Valid reporting is defined by numerator and denominator requirements as outlined in the measure specification.
- **Subject to 2015 PQRS Payment Adjustment Assessment:** Indicates whether an EP is or is not subject to the 2015 PQRS payment adjustment based on final analysis. This column will display "No" if an EP met the criteria to avoid the 2015 PQRS payment adjustment through *any* reporting method.

For a definition of terms related to 2015 PQRS Payment Adjustment Feedback Report see **Appendix A**. Also refer to the footnotes within each table for additional content detail.

The following screenshot is provided for example only and is subject to change. Minor changes in language and/or format should be expected. The TIN-level report will not be available to group practices participating in GPRO.

Example 1.1: Reporting Summary for the Tax ID or TIN

2013 PHYSICIAN QUALITY REPORTING SYSTEM (PQRS) PAYMENT ADJUSTMENT FEEDBACK REPORT

(TIN-LEVEL REPORT WITH INDIVIDUAL NPIs)

Participation in the Physician Quality Reporting System (PQRS) is at the individual National Provider Identifier level within a Tax ID (TIN/NPI) or at the TIN level for GPROs. PQRS analyzed all Medicare Part B submissions for services furnished from January 1, 2013 to December 31, 2013 to determine the eligible professional's current in PQRS using the claims, registry, Direct EHR, EHR Data Submission Vendor, and CMS Calculated Administrative Claims reporting mechanisms. Plea adjustment will be applied to the TIN's 2015 Medicare Part B Physician Fee Schedule (PFS) reimbursements. The TIN/NPI reporting detail is summariz regarding PQRS is available on the CMS website. http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS.

Table 1: PQRS Payment Adjustment Summary for Taxpayer Identification Number (Tax ID)

Sorted by NPI Number and Sub-Sorted by Method of Reporting

Tax ID Name*: John Q. Public Clinic
Tax ID Number: XXXXX2345

An eligible professional that reports via multiple reporting methods and meets the criteria for avoiding the PQRS payment a is not subject to the 2015 PQRS payment adjustment.

NPI	NPI Name*	Method of Reporting	Total # Measures Groups Reported	Total # Measures Groups Satisfactorily Reported to Avoid PQRS Payment Adjustment[1]	Total # Individual Measures Reported	Total # Individual Measures Satisfactorily Reported to Avoid PQRS Payment Adjustment[1]	Criteria to Avoid PQRS Payment Adjustment: Met/Not Met by Reporting Method	Subject to 2015 PQRS Payment Adjustment Assessment?[2]
1000000002	Susie Smith	Direct EHR	N/A	N/A	6	5	Met	No
1000000018	Not Available	Direct EHR	N/A	N/A	1	0	Met	No
1000000016	Melissa Smith	EHR Data Submission Vendor	N/A	N/A	4	4	Met	No
1000000021	Not Available	EHR Data Submission Vendor	N/A	N/A	1	1	Met	No
1000000005	Not Available	Claims	N/A	N/A	2	2	Met	No
1000000010	John Williams	Claims	1	0	N/A	N/A	Not Met	Yes
1000000013	Not Available	Claims	2	1	N/A	N/A	Met	No
1000000003	Not Available	Registry	N/A	N/A	6	5	Met	No
1000000009	Steve Parks	Registry	3	2	N/A	N/A	Met	No
1000000007	Not Available	Registry	N/A	N/A	1	0	Not Met	Yes
1000000006	Harper Anderson	No Data Reported	N/A	N/A	N/A	N/A	Not Met	Yes
1000000020	Michael Knight	CMS Calculated Administrative Claims	N/A	N/A	N/A	N/A	Met	No

*Name identified by matching the id ...al Provider Enrollment Chain and Ownership System (PECOS) database. If the organization or professional's enroll... ...s have not been processed and established in the national PECOS database as well as at the local A/B MAC and Carrie... ...was produced, this is indicated by "Not Available". This does not affect the organization's or professional's enr... ...013 Physician Quality Reporting System (PQRS) incentive payment or 2015 payment adjustment, only the system's abili... ...ort.

Explanation of Columns:

[1]The number of measures or measures groups reported with at least one valid QDC.

[2]Indicates whether an eligible professional is subject to a 2015 PQRS payment adjustment. If an eligible professional reported via multiple reporting methods and met the criteria for avoiding the PQRS payment adjustment through any method, this column will display "No" for every reporting method.

Note: The 2015 PQRS payment adjustment assessment indicated for those reporting by EHR is not necessarily based upon the data submitted to CMS and included in this report.

Note: This reporting detail table is for informational purposes only.

For 2013 PQRS reporting via claims, a valid instance of a measure or measures group was counted when a quality-data code was submitted on a claim with all applicable measure-eligibility criteria.

For 2013 PQRS reporting via registry or EHR, a valid instance of reporting was counted when PQRS quality data based on the 2013 measure specification was submitted in the CMS approved format.

If an eligible professional reported via multiple reporting methods and met the criteria for avoiding the PQRS payment adjustment through *any method*, this column will display "No" for *every* reporting method.

Footnotes and Explanation of Columns are found at the bottom of each table

Figure 1.1 Screenshot of Table 1: PQRS Payment Adjustment Summary for Taxpayer Identification Number (Tax ID)

Table 2: PQRS Payment Adjustment Summary for NPIs

Individual EPs who submitted at least one Medicare Part B PFS claim with a date of service during the 2013 PQRS reporting periods will be able to access an NPI-level report (Table 2).

An individual EP will receive the following information in Table 2 of the feedback report (see Example 2.1):

- **Total # Measures Groups Satisfactorily Reported to Avoid PQRS Payment Adjustment:** The number of measures groups (for which an intent G-code was reported) where at least one valid measure within the measures group was reported This field will be populated with 'N/A' if no Intent G-code was reported, even if individual measures within the measures group were reported.
- **Total # Individual Measures Satisfactorily Reported to Avoid PQRS Payment Adjustment:** The total number of different individual measures reported for TIN/NPI based upon valid QDC submissions. Valid reporting is defined by numerator and denominator requirements as outlined in the measure specification.
- **Subject to 2015 PQRS Payment Adjustment Assessment:** Indicates whether an EP is or is not subject to the 2015 PQRS payment adjustment based on final analysis. This column will display "No" if an EP met the criteria to avoid the 2015 PQRS payment adjustment through *any* reporting method.

For a definition of terms related to 2015 PQRS Payment Adjustment Feedback Report see **Appendix A**. Also refer to the footnotes within each table for additional content detail.

The following image is provided for example only and is subject to change. Minor changes in language and/or format should be expected.

Example 2.1: PQRS Payment Adjustment Summary for NPI

2015 PHYSICIAN QUALITY REPORTING SYSTEM (PQRS) PAYMENT ADJUSTMENT FEEDBACK REPORT

(INDIVIDUAL NPI REPORT)

Participation in the Physician Quality Reporting System (PQRS) is at the individual National Provider Identifier level within a Tax ID (TIN/NPI) or at the TIN level for GPROs. PQRS analyzed all Medicare Part B submissions for services furnished from January 1, 2013 to December 31, 2013 to determine the eligible professional's current payment adjustment status for 2015 in PQRS using the claims, registry, Direct EHR, EHR Data Submission Vendor, and CMS Calculated Administrative Claims reporting mechanisms. Please note that the PQRS payment adjustment will be applied to the TIN's 2015 Medicare Part B Physician Fee Schedule (PFS) reimbursements. The TIN/NPI reporting detail is summarized below. More information regarding PQRS is available on the CMS website, http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessm

Table 2: PQRS Payment Adjustment Summary for NPI

Tax ID Name*: John Q. Public Clinic
Tax ID Number: XXXXX2345
NPI Name*: Susie Smit
NPI Number: 10000000

An eligible professio ing methods and meets the criteria for avoiding the PQRS payment adjustment through a 015 PQRS payment adjustment.

If an eligible professional reported via multiple reporting methods and met the criteria for avoiding the PQRS payment adjustment through *any method*, this column will display "No" for *every* reporting method.

All reporting methods attempted by the individual eligible professional will be displayed.

Method of Reporting	Total # Measures Groups Reported	Total # Measures Groups Satisfactorily Reported to Avoid PQRS Payment Adjustment[1]	Total # Individual Measures Reported	Total # Individual Measures Satisfactorily Reported to Avoid PQRS Payment Adjustment[1]	Criteria to Avoid PQRS Payment Adjustment: Met/Not Met by Reporting Method	Subject to 2015 PQRS Payment Adjustment Assessment?[2]
CMS Calculated Administrative Claims	N/A	N/A	N/A	N/A	Met	No
Registry	1	0	N/A	N/A	Not Met	No
Direct EHR	N/A	N/A	6	0	Met	No
EHR Data Submission Vendor	3	3	N/A	N/A	Met	No
Claims	N/A	N/A	2	1	Met	No
No Data Reported	N/A	N/A	N/A	N/A	Not Met	Yes

Eligible professionals that didn't report quality data through any reporting method or elect to report via CMS calculated administrative claims will see 'No Data Reported' in the Method of Reporting column.

Figure 2.1 Screenshot of Table 2: PQRS Payment Adjustment Summary for NPI

Accessing Feedback Reports

NPI-Level Reports (Available to Non-PQRS GPRO Individuals)

EPs who submitted claims as an individual NPI (including sole proprietors who submitted claims under a SSN) can request their individual NPI-level feedback reports through the Communication Support Page available at http://www.qualitynet.org/pqrs under the “Related Links” section in the upper left-hand corner of the window. Please allow 2-3 days for processing.

Individuals can access the TIN-level report (which includes NPI-level data for all individual EPs under that TIN) through the Portal with IACS login as discussed in the next section.

TIN-Level Reports (Available to Non-GPRO Group Practices)

TIN-level reports can be requested for individuals within the same practice or for group practices through the Portal, http://www.qualitynet.org/pqrs, with an IACS login. TIN-level reports can only be accessed via the Portal.

The Portal is the secured entry point to access the 2015 PQRS Payment Adjustment Feedback Reports. The report is safely stored online and accessible only to the EP (and those specifically authorized) who have an “end user” IACS account. As shown in Figure 3.1, the Quick Reference Guides provide step-by-step instructions to request an IACS account to access the Portal, if you do not already have one.

Downloadable 2015 PQRS payment adjustment TIN-level feedback reports will be available as an Adobe® Acrobat® PDF in the fall of 2014 via the Portal. The report will also be available as a Microsoft® Excel or .csv file.

CMS established the QualityNet Help Desk to support access to and registration for IACS. The QualityNet Help Desk can be reached at 1-866-288-8912 (TTY 1-877-715-6222) or by e-mail at Qnetsupport@sdps.org. Hours of operation are Monday through Friday 7:00 a.m. to 7:00 p.m. CST.

Note: *This 2015 PQRS Payment Adjustment Feedback Report may contain a partial or "masked" Social Security Number/Social Security Account Number (SSN/SSAN) as part of the TIN field. Care should be taken in the handling and disposition of this report to protect the privacy of the individual practitioner with which the SSN is potentially associated. Please ensure that these reports are handled appropriately and disposed of properly to avoid a potential PII exposure or Identity Theft risk*.

The *PQRS Portal User Guide* (http://www.qualitynet.org/pqrs) provides detailed instructions for logging into the Portal.

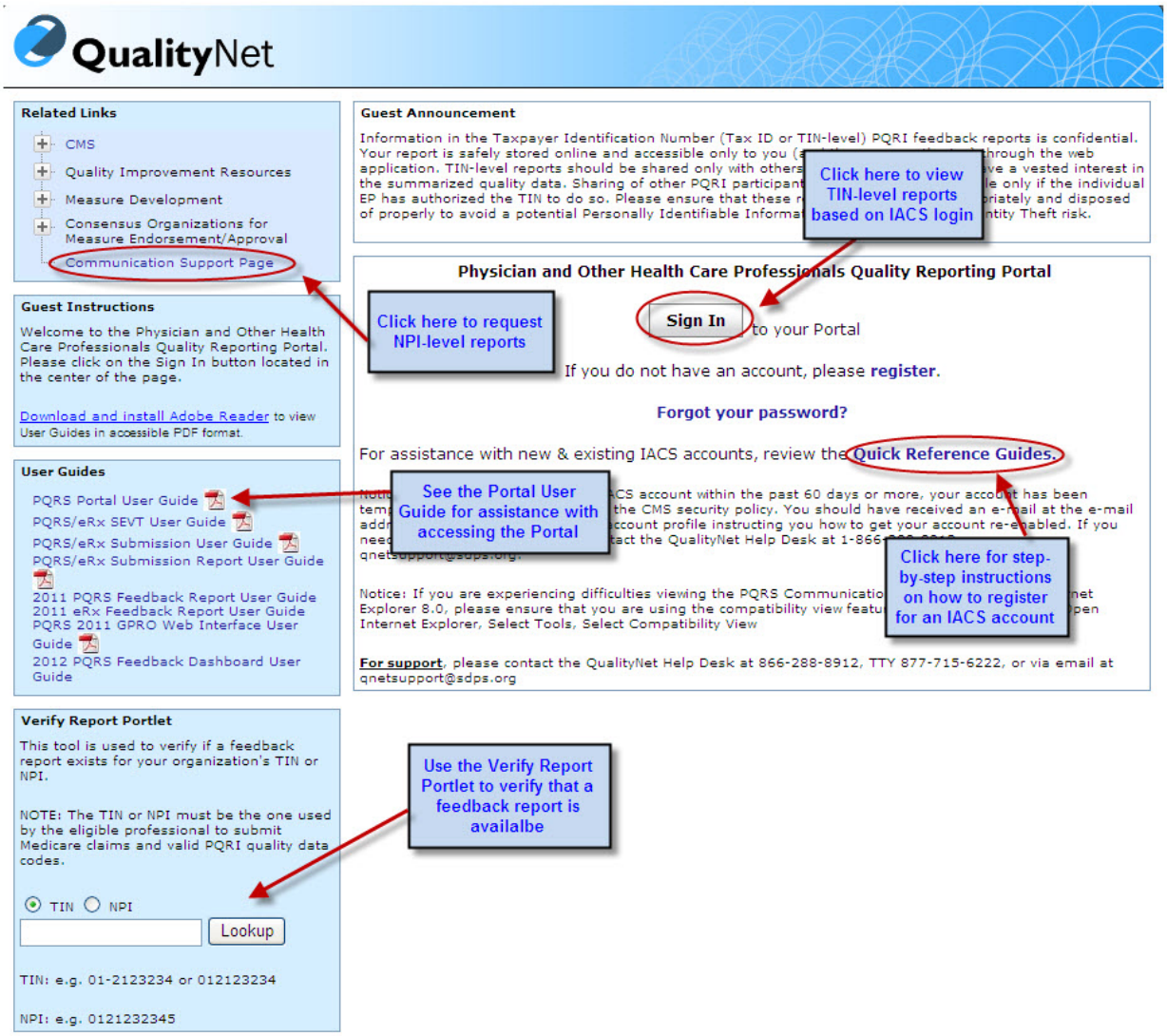

Figure 3.1 Screenshot of Physician and Other Health Care Professionals Quality Reporting Portal

System Requirements for the Portal

Minimum hardware and software requirements to effectively access and view the feedback reports on the Portal are listed below.

Hardware

The PQRS feedback report requires the following minimum set of hardware requirements:

- 233 MH_Z Pentium processor with a minimum of 150 MB free disk space
- 64MB Ram (128MB preferred)

Software

The PQRS feedback report requires the following minimum set of software requirements:

- Microsoft® Internet Explorer version 7.0 and above, or Mozilla® Firefox
- Adobe® Acrobat® Reader version 5.0 and above
- JRE is 1.6
- Windows® XP operating system

Internet Connection

- PQRS feedback reports will be accessible via any Internet connection running on a minimum of 33.6k or high-speed Internet

Key Facts about the 2015 PQRS Payment Adjustment

2015 PQRS Payment Adjustment Calculations

1. Subjectivity to the PQRS payment adjustment is based on CMS final analysis of PFS total allowed charges data with a date of service during the 12-month reporting period (January 1–December 31, 2013).
2. Individual EPs will be analyzed at the individual TIN/NPI level to determine reporting success. An individual EP who would be subject to the 2015 PQRS payment adjustment includes one who:
    - Failed to meet the 2013 PQRS satisfactorily reporting requirements (earned incentive payment); **OR**
    - Failed to submit one valid measure or measures group; **OR**
    - Did not elect to participate via the CMS-calculated administrative claims reporting mechanism.
3. PQRS GPROs will be analyzed at the TIN level to determine reporting success. All NPIs under the TIN may be subject to the payment adjustment if the PQRS GPRO fails as a group. A group practice participating in PQRS GPRO that would be subject to the 2015 PQRS payment adjustment includes one that:
    - Failed to meet the 2013 PQRS satisfactorily reporting requirements (earned incentive payment); **OR**
    - Failed to submit one valid measure; **OR**
    - Did not elect to participate via the CMS-calculated administrative claims reporting mechanism.
4. For EPs who submitted claims under multiple TINs, CMS groups claims by TIN/NPI for analysis and payment adjustment purposes. As a result, a professional who submitted claims under multiple TINs in 2013 may be subject to the PQRS payment adjustment under one of the TINs and not the other(s), or may be subject to a payment adjustment under each TIN.
5. For individuals, the PQRS payment adjustment analysis and application is based on the TIN/individual rendering NPI combination during the reporting period. If an individual EP (individual NPI) completed his or her reporting under an old TIN during the beginning of 2013, and then bills under a new TIN later in 2013, his/her previous 2013 reporting will not carry over to the new TIN. Therefore, (s)he must meet one of the aforementioned criteria to avoid the 2015 PQRS payment adjustment under the new TIN in order to avoid the 2015 PQRS payment adjustment.
6. For group practices participating in PQRS GPRO, the PQRS payment adjustment analysis and application is based on the reporting TIN. If a group practice participating in PQRS GPRO changes TINs during the reporting period, CMS will group claims by TIN for analysis and payment adjustment purposes. As a result, only data submitted under the old TIN (used when self-nominating or registering) will be analyzed as a PQRS GPRO, and data submitted under the new TIN will be analyzed as individual NPIs for that reporting period. If the PQRS GPRO satisfactorily reported in the beginning of 2013, those NPIs under the PQRS GPRO will not be automatically exempt from the 2015 PQRS payment adjustment under the new TIN. Therefore, the 2013 PQRS GPRO must satisfactorily report under the new TIN in order to avoid the 2015 PQRS payment adjustment.

2015 PQRS Payment Adjustment Application

1. The PQRS payment adjustment for not satisfactorily reporting will result in an individual EP or group practice receiving 98.5% of his or her Medicare Part B PFS amount that would otherwise apply to such services (or 1.5% less TIN reimbursement) for all charges with a date of service from January 1–December 31, 2015.
2. The TIN/NPI will receive adjusted Medicare Part B reimbursements as (s)he would normally receive payment for Medicare Part B PFS covered professional services furnished to Medicare beneficiaries.
3. The PQRS payment adjustments will be applied separately from PQRS or any other CMS incentive program incentive payments.
4. If a TIN/NPI submits claims to multiple Medicare claims processing contractors (Carriers or A/B MACs) and is subject to the PQRS payment adjustment, each contractor will payout 1.5% less for all the Medicare Part B PFS claims the contractor processes with a date of service from January 1–December 31, 2015.
5. For further information related to PQRS payment adjustments, please refer to the Payment Adjustment Information section on the CMS PQRS website at http://cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/Payment-Adjustment-Information.html.

Frequent Concerns

1. If the TIN/NPI is not subject to the PQRS payment adjustment and does see a payment adjustment, contact the QualityNet Help Desk, 1-866-288-8912 (TTY 1-877-715-6222) or by e-mail at Qnetsupport@sdps.org.
2. EPs will *not* receive claim-level detail in the PQRS payment adjustment feedback reports.
3. 2015 PQRS payment adjustment feedback report availability is not based on whether or not the EP will be subject to the 2015 PQRS payment adjustment.

Help/Troubleshooting

Following are helpful hints and troubleshooting information:

1. Adobe® Acrobat® Reader is required to view the feedback report in PDF format. You can download a free copy of the latest version of Adobe® Acrobat® Reader from http://www.adobe.com/products/acrobat/readstep2.html?promoid=BUIGO.
2. The report may not function optimally, correctly, or at all with some older versions of Microsoft® Windows, Microsoft® Internet Explorer, Mozilla® Firefox, or Adobe® Acrobat® Reader.
3. Feedback reports are generated in the 2007 version of Microsoft® Excel. Microsoft offers a free viewer application for opening Office 2007 files to users running Windows Server 2003, Windows XP, or Windows Vista Operating Systems. With Excel Viewer, you can open, view, and print Excel workbooks, even if you do not have Excel installed. You can also copy data from Excel Viewer to another program. However, you cannot edit data, save a workbook, or create a new workbook. This download is a replacement for Excel Viewer 97 and all previous Excel Viewer versions. See http://www.microsoft.com/download/en/details.aspx?DisplayLang=en&id=10 to download the free Microsoft® Excel Viewer. The Google Docs™ program will also open Microsoft® Office.
4. One of the format options for the feedback report is Character Separated Values (.csv) files. This is a commonly recognized delimited data format that has fields/columns separated by the comma character or other character and records/rows separated by a line feed or a carriage return and line feed pair. The .csv files generated for the feedback report will use the [tab] as the delimiting character. The .csv file type is generally accepted by spreadsheet programs and database management systems using the application's native features.
5. Users may need to turn off their web browser's Pop-up Blocker or temporarily allow Pop-up files in order to download the feedback report.
6. Regardless of the format, users should preview their feedback reports prior to printing. In Microsoft® Excel, view Print Preview to ensure all worksheets show as "fit to one page".
7. If you need assistance with the **IACS registration process** (i.e., forgot ID, password resets, etc.), contact the QualityNet Help Desk at 1-866-288-8912 (TTY 1-877-715-6222) or qnetsupport@sdps.org (Monday-Friday 7:00 a.m.-7:00 p.m. CT). You may also contact them for **feedback report assistance, including accessing the Portal**.
8. Contact your Carrier or A/B MAC with general payment questions. The Provider Contact Center Toll-Free Numbers Directory offers information on how to contact the appropriate provider contact center and is available for download at: http://www.cms.gov/MLNGenInfo/01_Overview.asp.

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Appendix A: 2015 PQRS Payment Adjustment Feedback Report Definitions

Table 1: Reporting Detail for the Taxpayer Identification Number (Tax ID or TIN)

Term	Definition
Tax ID Name	Legal business name associated with a TIN. EP's name identified by matching the identifier number in the CMS national Provider Enrollment Chain and Ownership System (PECOS) database. If the organization's or professional's enrollment record or enrollment changes have not been processed and established in the national PECOS database as well as at the local Carrier or A/B MAC systems at the time this report was produced, this is indicated by "Not Available". This does not affect the organization's or professional's enrollment status or subjectivity to the 2015 PQRS payment adjustment; only the system's ability to populate this field in the report.
Tax ID Number	The masked TIN, whether individual or corporate TIN, Employer Identification Number (EIN), or individual professional's Social Security Number (SSN).
Report Time Period	Data from the Medicare Part B claims received for the dates of service January 1–December 31, 2013 that were processed into NCH by February 28, 2014.
NPI Number (Individuals only)	National Provider Identifier of the EP billing under the TIN.
NPI Name (Individuals only)	EP's name identified by matching the identifier number in the CMS national Provider Enrollment Chain and Ownership System (PECOS) database. If the organization's or professional's enrollment record or enrollment changes have not been processed and established in the national PECOS database as well as at the local Carrier or A/B MAC systems at the time this report was produced, this is indicated by "Not Available". This does not affect the organization's or professional's enrollment status or eligibility for a 2015 PQRS payment adjustment; only the system's ability to populate this field in the report.
Method of Reporting	The attempted method of reporting for the TIN/NPI.
Total # Measures Groups Reported	The number of reported measures groups for the TIN/NPI. If the Intent G-code was reported, this field will show a "1"; indicating an attempt was made to report a measures group. This field will be populated with 'N/A' if no Intent G-code was reported, even if individual measures within the measures group were reported.
Total # Measures Groups Satisfactorily Reported to Avoid PQRS Payment Adjustment	The total number of measures group(s) reported for TIN/NPI based upon valid QDC submissions. Valid reporting is defined by numerator, denominator and Intent G-code requirements as outlined in the measure specification. If a measures group is reported correctly for one instance, this field will show a "1".
Total # Individual Measures Reported	The total number of different individual measures reported for TIN/NPI (identified by measure-specific QDCs received) regardless of accuracy of reporting.
Total # Individual Measures Satisfactorily Reported to Avoid PQRS Payment Adjustment	The total number of different individual measures reported for TIN/NPI based upon valid QDC submissions. Valid reporting is defined by numerator and denominator requirements as outlined in the measure specification.
Criteria to Avoid PQRS Payment Adjustment: Met/Not Met by Reporting Method	Explanation why the individual EP or group practice may or may not be subject to the PQRS payment adjustment. **Individual NPI** • "**Met"** – Met at least one of the 2015 PQRS payment adjustment criteria • **"Not Met"** – Did not meet one of the 2015 PQRS payment adjustment criteria
Subject to 2015 PQRS Payment Adjustment Assessment?	Final determination if the EP will be subject to payment adjustment (Yes/No): • "Yes" if the TIN/NPI will be subject to the payment adjustment • "No" if the TIN/NPI will not be subject to the payment adjustment More information regarding payment adjustment calculations can be found on the CMS website, http://cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS.

Table 2: NPI Reporting Detail (Individuals Only)

Term	Definition
Tax ID Name	Legal business name associated with a TIN. EP's name identified by matching the identifier number in the CMS national Provider Enrollment Chain and Ownership System (PECOS) database. If the organization's or professional's enrollment record or enrollment changes have not been processed and established in the national PECOS database as well as at the local Carrier or A/B MAC systems at the time this report was produced, this is indicated by "Not Available". This does not affect the organization's or professional's enrollment status or subjectivity to the 2015 PQRS payment adjustment; only the system's ability to populate this field in the report.
Tax ID Number	The masked TIN, whether individual or corporate TIN, Employer Identification Number (EIN), or individual professional's Social Security Number (SSN).
NPI Number	Individual rendering National Provider Identifier of the EP billing under the TIN.
Report Time Period	Data from the Medicare Part B claims received for the dates of service January 1–December 31, 2013 that were processed into NCH by February 28, 2014.
Method of Reporting	The attempted method of reporting for the TIN/NPI.
Total # Measures Groups Reported	The number of reported measures groups for the TIN/NPI. If the Intent G-code was reported, this field will show a "1"; indicating an attempt was made to report a measures group. This field will be populated with 'N/A' if no Intent G-code was reported, even if individual measures within the measures group were reported.
Total # Measures Groups Satisfactorily Reported to Avoid PQRS Payment Adjustment	The total number of measures group(s) reported for TIN/NPI based upon valid QDC submissions. Valid reporting is defined by numerator, denominator and Intent G-code requirements as outlined in the measure specification. If a measures group is reported correctly for one instance, this field will show a "1".
Total # Individual Measures Reported	The total number of different individual measures reported for TIN/NPI (identified by measure-specific QDCs received) regardless of accuracy of reporting.
Total # Individual Measures Satisfactorily Reported to Avoid PQRS Payment Adjustment	The total number of different individual measures reported for TIN/NPI based upon valid QDC submissions. Valid reporting is defined by numerator and denominator requirements as outlined in the measure specification.
Criteria to Avoid PQRS Payment Adjustment: Met/Not Met by Reporting Method	Explanation why the individual EP or group practice may or may not be subject to the PQRS payment adjustment. • **"Met"** – Met at least one of the 2015 PQRS payment adjustment criteria • **"Not Met"** – Did not meet one of the 2015 PQRS payment adjustment criteria
Subject to 2015 PQRS Payment Adjustment Assessment?	Final determination if the EP will be subject to payment adjustment (Yes/No): • "**Yes**" if the TIN/NPI **will be** subject to the payment adjustment • "**No**" if the TIN/NPI **will not be** subject to the payment adjustment More information regarding payment adjustment calculations can be found on the CMS website, http://cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS.