



2016 Physician Quality Reporting System (PQRS): 2018 Downward Payment Adjustment – Informal Review Made Simple

September 2017

Background

What is PQRS?	What does it do?	More information
<ul style="list-style-type: none"> The Physician Quality Reporting System (PQRS) is a quality reporting program that improves quality health care through accountability and public disclosure. PQRS encourages individual eligible professionals (EPs) and PQRS group practices to report quality measures in order to avoid a downward payment adjustment. The program applies a downward payment adjustment to practices with EPs, 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, that 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"> By reporting quality measures, clinicians can assess the quality of care they provide to their patients and quantify how often they are meeting a particular quality metric. This data also helps consumers identify quality providers through Physician Compare. 2016 PQRS reporting data is used to determine if an individual EP or PQRS group practice satisfactorily reported quality measures. 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 2018 PQRS payment adjustment. Additionally, PQRS applies a downward payment adjustment to Comprehensive Primary Care (CPC) practice sites that 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 2018 will be paid 2.0% less than the Medicare PFS amount for that covered professional service and may also be subject to an additional downward adjustment under the Value Modifier program. View the CMS PQRS webpage. PQRS data, for groups and solo practitioners that avoid the PQRS payment adjustment (as a group, an individual, or by having at least 50% of a group's individual eligible professionals avoid the adjustment), are used as part of the calculation of the Value Modifier, which provides upward or neutral adjustments based on performance. PQRS informal review decisions may impact Value Modifier payment adjustments. In these cases, a separate Value Modifier informal review request is not required. For groups and solo practitioners who believe there is an error in their Value Modifier calculations, there is a separate informal review process. View the Value Modifier webpage for information about the program and how to submit a Value Modifier informal review.

Purpose

This fact sheet provides information about the 2018 PQRS downward payment adjustment as well as step-by-step guidance for requesting an informal review during the official time period of mid-**September 2017 through December 1, 2017** for the 2016 PQRS program year. An informal review is a process that allows individual clinicians or group practices to request a review of their downward payment adjustment determination. By this informal review request, CMS will investigate whether the individual clinician's or group practice's PQRS determination was appropriate.

Note: *This document applies only to the 2018 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 that 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 or 800-381-4724).

2016 was the last performance year for the PQRS quality reporting program. PQRS transitioned to the Merit-based Incentive Payment System (MIPS) under the Quality Payment Program. The final data submission timeframe for reporting 2016 PQRS quality data to avoid the 2018 PQRS downward payment adjustment was January through March 2017. The first MIPS performance period is January through December 2017. For more information, please visit the [Quality Payment Program website](#).

2018 PQRS Downward Payment Adjustment

In 2018, 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 2016 PQRS. Individual clinicians or group practices that provided professional services paid under or based on the Medicare PFS from January 1, 2016, through December 31, 2016, were analyzed for the 2018 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 2016 PQRS program year to avoid the 2018 PQRS downward payment adjustment for each TIN.
- Those group practices who reported as a under one of the Group Practice Reporting Option 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 2018 PQRS downward payment adjustment.
- ACO participants that are individual EPs or group practices will have their PQRS payment adjustment based on the ACO satisfactory reporting the PQRS GPRO Web Interface measures. If their ACO failed reporting and the individual EP or group practice satisfactorily reported PQRS quality data outside the ACO they will avoid the PQRS 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 2016 as an individual EP or as a PQRS group practice, the **2016 PQRS Feedback Report** is the determination of whether you met at least one of the 2016 PQRS criteria for avoiding the 2018 PQRS downward payment adjustment.

Reports will be made available in September of 2017; CMS will announce their 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 or their participants are subject to the 2018 PQRS downward payment adjustment.

If you are a CPC practice site and elected the PQRS Waiver in 2016, but did not meet CPC eCQM reporting requirements, then all participating CPC EPs at your practice site as of 12/31/2016 will be subject to the PQRS payment adjustment.

ACOs will only be able to access 2018 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 if their clinicians or group practice have given them access to their report.

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

If you participated in 2016 PQRS and believe that a 2018 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.

Informal Review – Quick Facts

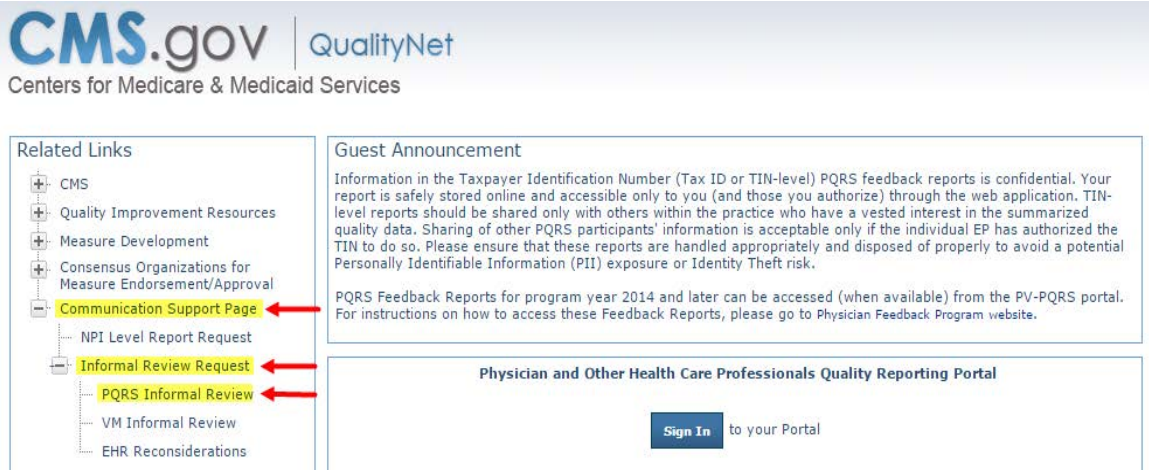
- When an informal review request is received, CMS will investigate whether the individual EP, CPC practice site, PQRS group practice, or ACO met the criteria for satisfactorily reporting under PQRS.
- The informal review is available for **all 2016 reporting mechanisms**, including:
 - Claims (individual 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, PQRS group practices)
 - 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 on 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, 2016 through December 31, 2016**.
- Only claims that were submitted with quality-data codes (QDCs) for the 2016 reporting period and processed by February 24, 2017 will be included in the analysis for 2018 PQRS payment adjustment determination.

How to Request an Informal Review of the 2018 PQRS Downward Payment Adjustment?

Use the following steps to request an informal review of your 2016 PQRS results during the informal review period of **September 18, 2017 through December 1, 2017**:

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 2016 PQRS QDCs or data. The informal review is at the TIN/NPI level; therefore, a separate request must be submitted for each TIN an NPI is questioning.</p> <p>The group practice reporting via PQRS GPRO point of contact will need to request an informal review for the PQRS group practice TIN under which 2016 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 12/31/2016.</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 18, 2017 through December 1, 2017. CMS will announce 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>Please note: The Communication Support Page will be disabled in the spring of 2018.</p>
<p>Step 3: Know HOW and take action to submit</p>	<p><i>The QualityNet Help Desk can also 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, 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 *2016 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 CY2016 webpage](#) for more information on:
 - Reporting requirements
 - Reporting mechanisms
 - Payment adjustment information
 - Feedback reports and user guides

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. CT. 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 2016 PQRS informal reviews.