



CMS 2016 Physician Quality Reporting System (PQRS) Payment Adjustment Toolkit

Background

In compliance with Section 1848(a)(8) of the Social Security Act, in 2015 CMS began to apply the negative payment adjustment to payments under the Medicare Physician Fee Schedule (MPFS) for individual eligible professionals (EPs) and group practices who do not meet the criteria for satisfactory reporting in PQRS.

Purpose

PQRS is part of CMS' effort to transform the health care delivery system by linking Medicare payments to the quality of care delivered to Medicare beneficiaries. To do this, individual EPs and group practices are required to participate in reporting quality metrics.

In order to have avoided a negative two percent (-2.0%) reduction in your Medicare Physician Fee Schedule (MPFS) payments for services rendered January 1, 2016 through December 31, 2016, you must have met certain PQRS reporting criteria during 2014.

Individual EPs and group practices participating in the group practice reporting option (GPRO) 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.

This document provides helpful resources for EPs who were able to participate in PQRS during 2014 but did not meet the criteria to avoid the 2016 PQRS negative payment adjustment (based on professional services rendered in 2014 in 2014) under a Tax Identification Number/National Provider Identifier (TIN/NPI) combination:

- [2014 Physician Quality Reporting System \(PQRS\): 2016 PQRS Payment Adjustment](#), decision trees (pages 5-8) for information on all of the mechanisms that were available in program year 2014 to avoid the 2016 PQRS negative payment adjustment
- [2014 PQRS List of Eligible Professionals](#), posted on the CMS PQRS website on How to Get Started Page

Other Medicare Physician Quality Programs that Will Apply Adjustments in 2015

Please note: EPs may be subject to an adjustment to all, either or neither program listed below. The list provided is for awareness that these programs apply payment adjustment in addition to PQRS. Please contact the help desk specified for the program in which you are inquiring.

Value-Based Payment Modifier (Value Modifier):

- In calendar year (CY) 2016, Medicare will apply the Value Modifier under section 1848(p) of the Social Security Act to physician payments under the MPFS for physicians in groups with 10 or more EPs. For purposes of the Value Modifier, a group of physicians is defined by its TIN.
- CY 2014 is the performance period for the Value Modifier that will be applied in 2016. In order to be eligible for upward, downward, or neutral payment adjustments under the Value Modifier quality-tiering methodology and to avoid an automatic negative two percent (“-2.0%”) Value Modifier payment adjustment in 2016, EPs in TINs with 10 or more EPs MUST participate in the PQRS and meet the criteria to avoid the 2016 PQRS payment adjustment as a group or have at least 50% of the EPs in the group meet the criteria to avoid the 2016 PQRS payment adjustment as individuals in 2014.
- Quality-tiering is the methodology that is used to evaluate a TIN's performance on quality and cost measures for the Value Modifier, and is mandatory for TINs subject to the Value Modifier in 2016. TINs with 100 or more EPs are subject to upward, neutral, or downward adjustment under quality-tiering, and TINs with between 10 to 99 EPs are subject to only upward or neutral adjustment under quality-tiering in 2016.
- To determine whether your TIN will be subject to an upward, neutral, or downward adjustment under the Value Modifier in 2016, access your TIN's 2014 Annual Quality and Resource Use Report (QRUR) on the CMS Enterprise Portal at <https://portal.cms.gov>. To access a QRUR, an Enterprise Identity Management (EIDM) account with the correct role is required. See the [How to Obtain a QRUR Page](#) for instructions on how to set up an EIDM account and access your TIN's QRUR.
- If your TIN is subject to the Value Modifier in 2016 and you disagree with the Value Modifier calculation indicated in your TIN's 2014 Annual QRUR, then an authorized representative of your TIN can submit a request for an Informal Review through the CMS Enterprise Portal within 60 days after the release of the 2014 Annual QRURs. Please refer to the [2014 QRUR](#) website for more information about how to submit an informal review request.
- Visit the [CMS Value-Based Payment Modifier](#) website for more information.

Electronic Health Record (EHR):

- As required by section 1848(a)(7) of the Social Security Act, EPs who are not meaningful EHR users for an applicable EHR reporting period will be subject to a negative payment adjustment for covered professional services furnished in CY 2015.
- EPs that are subject to the EHR Incentive Program Medicare payment adjustment for CY 2016 will receive separate notification from CMS via a United States Postal Service (USPS) letter in December 2015.
- The payment adjustment is a -2% reduction to covered professional services under Medicare for CY 2016.
- Visit the EHR Incentive Program [Payment Adjustments and Hardship Exceptions webpage](#) for more information.

Reported PQRS data in 2014, where to locate the reports

The 2014 PQRS feedback report provides the final determination of whether an individual EP met the 2014 PQRS criteria for avoiding the 2016 PQRS payment adjustment.

Individual EPs will be able to access their 2014 PQRS feedback reports from the CMS Enterprise Portal, with a CMS Enterprise Identity Management (EIDM) login. The EIDM is new this year and replaces the Individuals Authorized Access to the CMS Computer System (IACS). Go to for the new user guide [CMS EIDM User Guide](#) and/or the PQRS-specific [feedback reports](#) for more information.

EPs' PQRS feedback reports will be hosted on the CMS Physician Feedback Program Quality and [Resource Use Report \(QRUR\) website](#), and one can find more information on requesting and accessing feedback reports there as well.

Data for PQRS group practices that participated in the 2014 PQRS GPRO will be available in the 2014 Annual QRURs. See the [How to Obtain a QRUR Page](#) for instructions on how to set up an EIDM account and access a QRUR.

The PQRS feedback reports and the 2014 Annual QRURs will be available in September 2015, and CMS will announce their availability. Sign up and look for the announcements through the [PQRS Listserv](#).

Informal Review

Informal review is the process in which CMS will investigate whether an EP met the criteria for satisfactorily reporting under PQRS.

If you participated in 2014 PQRS and believe that the 2016 PQRS payment adjustment is being applied in error, you can submit an informal review (IR) request. All IR requests must be submitted via a web-based tool, the Quality Reporting Communication Support Page ([Communication Support Page](#)). The deadline to request an informal review is 60 days from the release of PQRS Feedback reports. More information and instructions for requesting an informal review is also included in the toolkit. CMS will announce the availability of Feedback Reports via the PQRS website and also via Medicare Learning Network (MLN) Connects Provider eNews, the PQRS Listserv, and other related CMS listservs. For additional information visit the [Educational Resources](#) page for updated IR documents.

Step 1:

- Individual EPs or designated support staff will need to submit a request for an IR for each individual rendering National Provider Identifier (NPI) for each Tax Identification Number (TIN) under which the requestor submitted 2014 PQRS quality-data codes (QDCs) or data. The IR is at the TIN/NPI level; therefore, a separate request should be submitted for each TIN/NPI combination for which an individual is requesting an IR. The correct TIN/NPI combination listed on the letter that the EP received must be used.
- If you are part of a group practice that registered to participate in the PQRS GPRO for 2014, the group practice contact person will need to request an IR for the TIN under which the group practice submitted 2014 PQRS data. An individual NPI cannot submit an IR request for the group.

- If you are part of a practice that participated in the Comprehensive Primary Care (CPC) initiative in 2014, the CPC practice site point-of-contact will need to request an IR for the entire CPC practice site by entering the CPC Practice Site ID in the appropriate Communication Support Page field. This IR request will apply to all EPs who were actively participating in CPC through 12/31/2014 and were listed on the CPC staffing roster. For questions regarding the EPs actively participating in the initiative during that time, please contact CPC Support (cpcisupport@telligen.org or 1-800-381-4724.
- Certified EHR vendors, Qualified Clinical Data Registries and Qualified Registries can request an IR on behalf of their client(s). One request will need to be submitted for every provider for which they would like CMS to conduct an IR. The IR decision will be sent to the applicable provider and not to the vendor.

Step 2:

- To submit the request, go to the [Communication Support Page](#).
- The Communication Support Page will be available September 9, 2015 through November 9, 2015. CMS will announce the availability of the Communication Support Page through MLN Connects Provider eNews and the PQRS Listserv.

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 IR request analyzed. CMS or the QualityNet Help Desk may contact the requestor for additional information if necessary.

Further Resources

- How Do I Avoid the 2017 Medicare Payment Adjustments, please watch the listserv messages for its publication
- How to Report Once for 2015 Medicare Quality Reporting Programs, please watch the listserv messages for its publication
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- 2015 PQRS Reporting Mechanisms can be found at these sites:
 - [Registry](#)
 - [EHR system that is Certified Health record Technology \(CEHRT\)](#)
 - [Qualified Clinical Data Registry \(QCDR\)](#)
 - [GPRO Web Interface](#)
 - [Claims](#)
 - [CMS-Certified Survey Vendor](#)
- How to avoid the 2017 PQRS payment adjustment [Appendix B: Decision Tree of the 2015 PQRS Implementation Guide](#)
- How to submit an informal review request for the 2016 PQRS payment adjustment, please watch the listserv messages for its publication
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- CMS [PQRS reporting requirements](#)
- Click here to subscribe to the [PQRS Listserv](#)
- Click here to register for [MLN Connects Provider eNews](#) announcements

- [Physician Compare Website](#)
- [EHR Incentive Program Website](#)
- [Value-Based Payment Modifier Website](#)
- [What Physician Groups and Physician Solo Practitioners Need to Do in 2015 for the 2017 Value Modifier](#)
- [Review Contractor Directory-Interactive Map](#) offers information on how to contact the appropriate provider contact center
- Comprehensive Primary Care (CPC) initiative Support Desk – cpcisupport@telligen.org or 1-800-381-4724
- Questions about the PQRS, feedback reports, or EIDM can be directed to:
- [QualityNet Help Desk](#)

Monday–Friday; 7:00 a.m.–7:00 p.m. Central Time

Phone: 1-866-288-8912

TTY: 1-877-715-6222

Email: Qnetsupport@hcqis.org