



# **CMS 2017 Physician Quality Reporting System (PQRS)**

## **Payment Adjustment Toolkit**

September 2016; Updated November 2016

### **Background**

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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 EPs identified on claims by their individual National Provider Identifier (NPI) and Taxpayer Identification Number (TIN), or 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 (PFS) services furnished to Medicare Part B Fee-for-Service (FFS) beneficiaries (including Railroad Retirement Board and Medicare Secondary Payer). Those who report satisfactorily for the 2015 program year will avoid the 2017 PQRS downward payment adjustment.

For more information on PQRS or the payment adjustment, visit the [PQRS webpage](#).

### **Purpose**

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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 PQRS group practices are required to participate in reporting quality metrics.

Individual EPs and PQRS group practices who provided professional services paid under or based on the Medicare PFS from January 1, 2015 through December 31, 2015, are analyzed for the 2017 PQRS downward payment adjustment. This is in compliance with Section 1848(a)(8) of the Social Security Act; in 2015 CMS began to apply the downward payment adjustment to payments under the Medicare PFS for individual eligible professionals (EPs) and group practices who do not meet the criteria for satisfactory reporting in PQRS.

In order to have avoided a downward two percent (-2.0%) reduction in your Medicare PFS payments for services rendered January 1, 2017 through December 31, 2017, you must have met certain PQRS reporting criteria during 2015.

This document provides helpful resources for EPs who were able to participate in PQRS during 2015 but did not meet the criteria to avoid the 2017 PQRS downward payment adjustment (based on professional services rendered in 2015) under a Tax Identification Number/National Provider Identifier (TIN/NPI) combination.

## PQRS Feedback Reports & QRURs

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The 2015 PQRS feedback report provides the final determination of whether an individual EP or PQRS group practice met the 2015 PQRS criteria for avoiding the 2017 PQRS downward payment adjustment at the time the reports were generated. **NOTE:** Individual EPs and PQRS group practices will also receive a payment adjustment letter notifying them that they are subject to the 2017 PQRS payment adjustment.

Individual EPs and group practices can access their 2015 PQRS feedback reports from the CMS Enterprise Portal, with a CMS Enterprise Identity Management (EIDM) login. See the [CMS EIDM User Guide](#) and/or the PQRS-specific [EIDM Quick-Reference Guides](#) for more information.

2015 PQRS feedback reports are hosted on the [CMS Physician Feedback Program Quality and Resource Use Report \(QRUR\) website](#). See the "2015 PQRS Feedback Report User Guide" and "Quick Reference Guide for Accessing 2015 PQRS Feedback Reports" on the [PQRS Analysis and Payment webpage](#).

Detailed submission information for PQRS group practices that submitted via the GPRO Web Interface will be available in the 2015 Annual Quality and Resource Use Reports (QRURs), which can be accessed on the [CMS Enterprise Portal](#) using an EIDM account with the correct role. See the [How to Obtain a QRUR webpage](#) for instructions on how to set up an EIDM account and access your TIN's QRUR.

Both reports can be accessed on the [CMS Enterprise Portal](#) using the same EIDM account.

The 2015 PQRS feedback reports and the 2015 Annual QRURs were made available on September 26, 2016, and CMS announced their availability through web and listserv channels. Sign up and look for the announcements through the [PQRS Listserv](#).

## Informal Review

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If you participated in 2015 PQRS and believe that the 2017 PQRS downward payment adjustment is being applied in error, you can submit an informal review request. Request an informal review of your 2015 PQRS results during the informal review period of **September 26, 2016 through December 7, 2016**.

All requests must be submitted via the Quality Reporting [Communication Support Page](#). Informal review is the process in which CMS will investigate whether an EP or PQRS group practice met the criteria for satisfactorily reporting under PQRS.

Once the informal review request is received, CMS will investigate the merits of the request and issue a decision. 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.

More information and instructions for requesting an informal review are included in this toolkit, and are also available on the [PQRS Analysis and Payment webpage](#).

### **Step 1: Identify WHO will submit the request**

- 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 data. The informal review 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 informal review. The correct TIN/NPI combination listed on the payment adjustment letter that the EP received must be used.
  - If you are part of a group practice that registered to participate in PQRS GPRO for 2015, the group practice's point of contact will need to request an informal review for the TIN under which the group practice submitted 2015 PQRS data. An individual NPI cannot submit an informal review request for the group.
  - If you are part of a practice that participated in the Comprehensive Primary Care (CPC) initiative in 2015, the CPC practice site point-of-contact will need to request an informal review for the entire CPC practice site by entering the CPC Practice Site ID in the appropriate Communication Support Page field. This informal review request will apply to all EPs who were actively participating in CPC through 12/31/2015 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](mailto:cpcisupport@telligen.org) or 1-800-381-4724).
- Certified EHR vendors, Qualified Clinical Data Registries, and Qualified Registries can request an informal review 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 informal review. The decision will be sent to the applicable provider and not to the vendor.

### **Step 2: Understand WHERE to submit**

- To submit the request, go to the [Communication Support Page](#).

The Communication Support Page will be available **September 26, 2016 through December 7, 2016**. CMS announced its availability through MLN Connects Provider eNews and the PQRS Listserv.

### **Step 3: Know HOW and take action to submit**

- Complete the mandatory fields in the online form, including the appropriate justification, for the request to be deemed valid. If the form is not completed in full, the informal review request will not be analyzed. CMS or the QualityNet Help Desk may contact the requestor for additional information if necessary.

## Other Medicare Physician Quality Programs that Will Apply Adjustments in 2017

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

Please note: EPs and group practices may be subject to an additional and separate payment adjustments from one or both of the programs listed below. Please contact the respective program's help desk for assistance.

### Value-Based Payment Modifier (Value Modifier):

- In calendar year (CY) 2017, Medicare will apply the Value Modifier under section 1848(p) of the Social Security Act to physician payments under the Medicare PFS for physicians in groups with 2 or more EPs and physician solo practitioners. For purposes of the Value Modifier, a group or solo practitioner is defined by its TIN.
- CY 2015 is the performance period for the Value Modifier that will be applied in 2017. In order to be eligible for upward, downward, or neutral payment adjustments under the Value Modifier quality-tiering methodology and to avoid an automatic downward two percent or downward four percent (“-2.0% or -4.0%,” depending on group size) Value Modifier payment adjustment in 2017, solo practitioners and EPs in TINs with 2 or more EPs MUST participate in PQRS and meet the criteria to avoid the 2017 PQRS downward payment adjustment as a group OR have at least 50% of the EPs in the group meet the criteria to avoid the 2017 PQRS downward payment adjustment as individuals in 2015.
- 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 2017. Physicians in TINs with 10 or more EPs are subject to upward, neutral, or downward adjustment under quality-tiering, and physicians in TINs with 2 to 9 EPs or physician solo practitioners are subject to only upward or neutral adjustment under quality-tiering in 2017.
- To determine whether your TIN will be subject to an upward, neutral, or downward adjustment under the Value Modifier in 2017, access your TIN's 2015 Annual Quality and Resource Use Report (QRUR) on the CMS Enterprise Portal at <https://portal.cms.gov>. To access a QRUR, an 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 2017 and you disagree with the Value Modifier calculation indicated in your TIN's 2015 Annual QRUR, then an authorized representative of your TIN can submit a request for an Informal Review through the CMS Enterprise Portal. Please refer to the [2015 QRUR and 2017 Value Modifier](#) 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) Incentive Program:

- 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 downward payment adjustment for covered professional services furnished in CY 2017.
- EPs that are subject to the EHR Incentive Program Medicare payment adjustment for CY 2017 will receive separate notification from CMS via a United States Postal Service (USPS) letter in December 2016. Instructions on how to apply for a reconsideration will be in this letter.
- The payment adjustment is a -2% reduction to covered professional services billed under Medicare PFS or CY 2017.

Visit the EHR Incentive Program [Payment Adjustments and Hardship Exceptions webpage](#) for more information.

## Resources

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### Webpages/Documentation

- [PQRS website](#)
  - “2015 PQRS Feedback Report User Guide,” located on the [PQRS Analysis and Payment webpage](#), assists users with understanding their reports.
  - “Quick Reference Guide for Accessing 2015 PQRS Feedback Reports,” located on the [PQRS Analysis and Payment webpage](#), provides steps to retrieving the reports.
  - “2015 PQRS List of Eligible Professionals,” located on the [2015 Physician Quality Reporting System webpage](#), explains who was eligible and able, as well as eligible and unable, to participate in 2015 PQRS.
  - Appendix B: Decision Tree - Avoiding the 2017 PQRS Negative Payment Adjustment – within the “2015 PQRS Implementation Guide,” located on the [2015 Physician Quality Reporting System webpage](#) – contains information on all of the mechanisms that were available in program year 2015 to avoid the 2017 PQRS downward payment adjustment.
  - See the [2015 Physician Quality Reporting System webpage](#) for more information on:
    - Reporting requirements
    - Reporting mechanisms
      - Registry
      - Electronic reporting using an Electronic Health Record (EHR)
      - Qualified Clinical Data Registry (QCDR)
      - GPRO Web Interface
      - Claims
      - CMS-Certified Survey Vendor
  - “2015 PQRS: 2017 Payment Adjustment - Informal Review Made Simple,” located on the [PQRS Analysis and Payment webpage](#), explains the process for submitting an informal review request.

- “Understanding 2017 Medicare Quality Program Payment Adjustments,” located on the [PQRS Payment Adjustment Information webpage](#), provides a general overview of the 2017 payment adjustments for CMS Medicare quality reporting, including PQRS, Medicare EHR Incentive Program, and Value Modifier.
- “How to Report Once for 2015 Medicare Quality Reporting Programs,” located on the [PQRS Payment Adjustment Information webpage](#), offers guidance on aligned reporting mechanisms for both individual EPs and PQRS group practices reporting across PQRS, EHR Incentive Program, Value Modifier, and Accountable Care Organizations in order to avoid the 2017 downward payment adjustment. Please note: this document only includes aligned options and does not contain all PQRS reporting mechanisms.
- [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](#)

#### Listservs

- Subscribe to the [PQRS Listserv](#)
- Register for [MLN Connects Provider eNews](#) announcements

#### Help Desks

- Questions about the PQRS, content or data contained in 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](mailto:Qnetsupport@hcqis.org)
- Questions about the QRURs, access issues related to the PQRS feedback reports or QRURs, or Value Modifier payment adjustments can be directed to:  
**Physician Value (PV) Help Desk**  
 Monday – Friday; 7:00 a.m.–7:00 p.m. Central Time  
 Phone: 1-888-734-6433 (option 3)  
 Email: [pvhelpdesk@cms.hhs.gov](mailto:pvhelpdesk@cms.hhs.gov)
- CPC practice sites with questions on 2015 PQRS informal reviews can contact:  
**Comprehensive Primary Care (CPC) Initiative Support Desk**  
 Phone: 1-800-381-4724  
 Email: [cpcisupport@telligen.org](mailto:cpcisupport@telligen.org)
- [Review Contractor Directory-Interactive Map](#) offers information on how to contact the appropriate provider contact center.