



MLN Connects®

National Provider Call Transcript



**Centers for Medicare & Medicaid Services
PQRS Feedback Reports and the
PQRS Informal Review Process for Program Year 2015 Results Call
MLN Connects National Provider Call
Moderator: Aryeh Langer
August 10, 2016
1:30 pm ET**

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Operator: At this time, I would like to welcome everyone to today's MLN Connects® National Provider Call. All lines will remain in a listen-only mode until the question-and-answer session. This call is being recorded and transcribed. If anyone has any objections, you may disconnect at this time.

I will now turn the call over to Aryeh Langer. Thank you. You may begin.

Announcements and Introduction

Aryeh Langer: Thank you, Ronni. And as you just heard, my name is Aryeh Langer from the Provider Communications Group here at CMS, and I'm your moderator for today's call.

I would like to welcome you to this MLN Connects National Provider Call on the Physician Quality Reporting System, or PQRS. Today's topic will be PQRS Feedback Reports and Informal Review Process for Program Year 2015 Results. MLN Connects Calls are part of the Medicare Learning Network®.

Today's MLN Connects National Provider Call will help you learn about PQRS negative payment adjustments, PQRS feedback reports, and the PQRS informal review process for program year 2015 results and 2017 payment adjustments determination. A question-and-answer session follows today's presentation.

A few quick announcements. You should have received the link to today's slide presentation in an email earlier today. If you have not already done so, you may view or download the presentation from the following URL: www.cms.gov/npc. Again, that URL is www.cms.gov/npc, as in National Provider Call.

Select the date of today's call from the list and the presentation can be found under the "Call Materials" section. Second, this call is being recorded and transcribed. An audio recording and written transcript will be posted to the MLN Connects Call website. Registrants will receive an email when these materials become available.

Finally, this MLN Connects Call is being evaluated by CMS for CME and CEU continuing education credit. For additional information, please refer to slide 34 of today's presentation for a link to the CE activity information and instructions document.

At this time, we will begin with our formal part of the presentation. I'll turn the call over to our first presenter, Bobby Harris, from CMS.

Presentation

Bobby Harris: Well, good afternoon. Thank you for joining the call. My name is Bobby Harris, I'm the PQRS informal review lead for the Quality Measures and Value-Based Incentive Group, a Division of Electronic and Clinician Quality. Today's agenda, as we've

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already mentioned, is going to cover the PQRS negative payment adjustment, PQRS feedback reports, and PQRS informal review. We'll discuss what a PQRS informal review is, why an informal review should be requested, and how to request a PQRS informal review. At the end of the session, I will share some informal review resources and where to find help and assistance before we open the floor for questions and answers.

Here is a list of commonly used acronyms. Also, for your convenience and reference, at the bottom of each slide is a jump link to a slide with all the acronyms used in this presentation. Simply click on the word "Acronyms" and go to that slide at any time during the presentation.

PQRS Negative Payment Adjustments

So, let's get started and talk about the PQRS negative payment adjustment. PQRS applies the negative payment adjustment to 2 — 2 percent negative payment adjustment to 2017 payments under the Medicare Physicians Fee Schedule to individual EPs and PQRS group practices who did not satisfactorily report PQRS data in 2007 – 2015. Individual EPs and PQRS group practices must have satisfactorily reported for 2015 PQRS to avoid the payment adjustment.

Feedback reports provide detail on the individual EPs and the PQRS group practices reporting and performance and whether or not they are subject to the negative payment adjustment.

Payment adjustment letters are anticipated to be sent and go out late this summer.

Now, let's move forward to talk about the PQRS feedback reports.

PQRS Feedback Reports

Alesia Hovatter: Great. Thanks so much, Bobby. This is Alesia Hovatter. I am the lead for the PQRS feedback reports, a new project that I've inherited. Some of you might know I'm also the lead for the Physician Compare Program. So, I'm from the Center for Clinical Standards and Quality, and that's in the Quality Measurement and Value-Based Incentives Group. And we're within the Division of Electronic and Clinician Quality.

So as Bobby just stated, we're going to talk about PQRS feedback reports. So moving to slide number 9, individual EPs and PQRS group practices receive feedback reports each year. Remember, in 2015 program participants affects payments in 2017. 2015 annual QRURs will be available in fall 2016 and will show the TIN's actual performance on all the quality measures and cost measures that will be used to calculate the 2017 value modifier. QRURs are still available separately from the 2015 PQRS feedback reports.

Now, moving to slide number 10. A report will be generated for each TIN/NPI combination if one of the following scenarios applies. If individual EPs or PQRS group

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practices submitted PQRS quality data through one of the approved reporting mechanisms or EPs submitted the physician fee schedule claims that included denominator-eligible instances but did not submit PQRS quality data.

Now, moving to slide number 11. To access PQRS feedback reports, PQRS participants and their staff will need an EIDM account, which can be accessed from the CMS Enterprise portal. In this slide is a screenshot of the portal with an arrow pointing to the link to the register for an EIDM account as a new user. It is a good idea to request or access your account now to make sure everything is working properly in order to obtain your feedback reports as soon as they are released.

So, again, let me reiterate, it is a good idea for you to check your current EIDM account or sign up for a new EIDM account now.

Okay, moving to slide number 12. Once you register for an EIDM account, first, you will log into the CMS Enterprise portal. Then select "Login to CMS Secure Portal," accept the Terms and Conditions, and enter your EIDM User ID and password. Next, you select the "PV/PQRS" tab and the "Feedback Reports" option, as shown in the below screenshot. Access to feedback reports requires multifactor authentication.

Moving to slide 13. CMS offers multiple resources to assist you, including quick reference guides located under the sign-in icon on the Physician and Other Health Care Professionals Quality Reporting portal, which is different from the CMS Enterprise portal, and information on the QRUR webpage.

Moving to slide number 14. Now, we will discuss updates to the 2015 PQRS feedback reports for individual EPs, which will be available in early fall 2016. We heard from stakeholders, and here is what we're going to be doing for this year. Reports will include information about whether an individual EP satisfactorily reported. The reports will include the final payment adjustment assessment status. It will also include provider-level reporting, mechanism-level, and measure-level data that are provided in the reports.

Now, we'll include in the report a denominator-eligible claim measures, new updates for program year 2015 have been added to the report, including cost-cutting measure information and face-to-face encounter information. In cases where multiple registries submitted data for the same provider, all submissions will be reported. Also, reporting rate and available supporting data eliminates – or, I'm sorry – elements for the measure applicability validation, also known as MAV process, will be reported.

So, again, the reporting rate and available supporting data elements for the measure applicability validation, also known as MAV, process will be reported. Okay?

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Moving to slide number 15. Updates to reports for group practices participating in PQRS GPRO include use of the criteria to determine satisfactorily reporting at the appropriate data level. Reports include information for all providers in the PQRS group practice and their payment adjustment status. Reporting mechanism data and measure performance detail will be provided for GPRO registry and GPRO EHR submission.

And now we'll move on to slide number 16, and I'm going to transfer the presentation back over to Bobby Harris.

Keypad Polling

Aryeh Langer: And just before you get to that, we're going to just go ahead and pause a few moments to complete keypad polling please.

Operator: CMS appreciates that you minimize the Government's teleconference expense by listening to these calls together using one phone line. And at this time, please use your telephone keypad and enter the number of participants that are currently listening in. If you are the only person in the room, enter 1. If there are between two and eight of you listening in, please enter the corresponding number. If there are nine or more of you in the room, enter 9. Please hold while we complete the polling.

Please continue to hold while we complete the polling.

Please continue to hold while we complete the polling.

Please continue to hold while we complete the polling.

Thank you for your participation. I'd now like to turn the call back over to Bobby Harris.

Presentation Continued

Bobby Harris: Well, welcome back. Now, let's get started, talk a little bit more about the PQRS informal review process on slide 17.

PQRS Informal Review

The informal review process allows individual EPs and CPC practice sites, PQRS group practices, and ACOs to request a review of their payment adjustment determination.

CMS will investigate whether the outcome was appropriate after receiving the informal review requests. CMS will reverse the application of the PQRS payment adjustment if the determination is made that satisfactory reporting was achieved. Let me read that again. CMS will reverse the application of the PQRS payment adjustment if the determination is made that satisfactory reporting was achieved.

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Note that this is not an immediate adjustment. It may take several weeks to receive the reversal and the reprocessing of claims. Again, this may take several weeks to receive the reversal and the reprocessing of claims. The information on this slide describes the PQRS informal review process only and does not apply to the value modifier informal review process.

On to slide 18. This slide provides an overview of the three steps for requesting a PQRS informal review that I will describe in more detail in the upcoming slides. The first step is to identify who will submit the informal review request. Second step, I will share where the request should be submitted. Then, lastly, I will describe how to submit the request.

Slide 19. If you believe you will receive a 2017 negative payment adjustment in error or have received a 2017 negative payment adjustment in error, you can submit an informal review request. Individual EPs or support staff will need to support a request for an informal review for each NPI/TIN which submitted a 2015 PQRS data.

A 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 the 2015 PQRS data was submitted. Please note: the informal review decision will be final, and there will be no further review upon the decision. Again, the informal review decision will be final, and there will be no further review upon decision.

Slide 20. To submit the informal review request, go to the Quality Reporting Communication Support Page, and there is a screenshot of that on slide 20, which is projected to be available in the fall of 2016. A screenshot of the CSP and the link of the informal reviews are highlighted on the slide to your left. All informal review requests must be submitted electronically through the Communication Support Page. Again, all informal review requests must be submitted electronically through the Communication Support Page.

Slide 20. CMS will announce the availability of the Communication Support Page through MLN Connects Provider eNews and the – or the PQRS listservs or any other CMS listservs.

Complete the mandatory fields in the online form for the request to be deemed valid. Again, please, I reiterate, complete the mandatory fields on the online form for the request to be deemed valid. CMS or the QualityNet Helpdesk may contact the requestor for additional information, if necessary, which is why we need all the information on the online form to be completed and to be deemed valid.

For detailed information about submitting an informal review request, please refer to the 2015 Physician Quality Reporting System (PQRS) 2017 Negative Payment Adjustment and Informal Review Made Simple on the PQRS Payment Adjustment information webpage. The Informal Review Made Simple document will be posted to

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the CMS website close to the time when feedback reports are available in the fall of 2016.

Frequently Asked Questions

Slide 22. The following are the top PQRs informal review related frequently asked questions that you may find helpful as you go through the informal review process.

Slide 23. Common informal review questions include the timeframe for a decision. Typically, prior to the start of the payment adjustment period and whether decisions can be reviewed, again, the answer is no, the informal review decision is final. Again, the informal review decision is final.

CMS aims to complete the informal review process prior to the start of the payment adjustment period. I just want to reiterate that to people that we strive to have it start before the payment – have it completed before the payment adjustment period.

Slide 24. Participants also want to know if an informal review determines that they should not have been made subject to the payment adjustment, when it will be reversed. Because CMS tries to make informal review determinations before the payment adjustment period, in most of these cases, there will be no payment adjustment to reverse. If it does take longer, it will be reversed as quickly as possible, but there is no exact time for that reversal. Again, there is no exact time for that reversal.

Slide 25. On a related topic, if a – if your informal review determines that you are no longer subject to the payment adjustment, your feedback report will not be regenerated to reflect the change. So keep a copy of the correspondence from your informal review decision for your records. Again, your feedback report will not be regenerated to reflect the change. So keep a copy of the correspondence for your informal review decision for your records.

Resources

Slide 26. This concludes the portion – the formal portion of our presentation. And in the following few slides, you will find additional resources that – resources, as well as information about where to call for help.

Slide 27. We know that many of you are calling our QualityNet and Physician Value Help Desks with questions, and we do hear you. If you have any general questions or need additional clarification regarding content covered in this presentation, please call – or email either the help desk, it is outlined on your screen, whose contact information is listed here.

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For questions about information contained in your 2015 PQR feedback reports, or setting up an EIDM account, please contact the QualityNet Help Desk, and they can help you do the process.

For questions about how to access your 2015 PQR feedback reports or to provide feedback to CMS, please contact the Physician Value Help Desk.

Slide 28. An overview of the 2015 Annual Quality Resource Use Reports will occur during the Thursday, September 22nd, MLN Connects at National Provider Call. Again, that is on Thursday, September 22nd, MLN Connects at National Provider Call. During this call, the 2017 Value Modifier Informal Review Process will be explained.

Slide 30 – Slides 30 and 31 provide useful links to various PQR webpages and supporting information and resources on the PQR informal review.

Slide 32. Now that we finished the formal and resources outline, now let's move on to questions-and-answers session.

Question-and-Answer Session

Aryeh Langer: Thank you, Bobby. Our subject matter experts will now take your questions. But before we begin, I would like to remind everyone that this call is being recorded and transcribed. Please your state your name and the name of your organization once your line is open. Okay, Ronni, we are ready to take our first question please.

Operator: To ask a question, press star followed by the number one on your touchtone phone. To remove yourself from the queue, please press the pound key. Remember to pick up your handset before asking your question to assure clarity. Please note, your line will remain open during the time you are asking your question, so anything you say or any background noise will be heard in the conference. Please hold while we compile the Q&A roster.

And your first question comes from the line of Kim Sweet.

Kim Sweet: Yes, hello. This is Kim Sweet from Scroggins Gear. And my question has to do with the final review. I did not see in there where it said how much time you have from the time that you receive the notice of receiving the payment adjustment and the time that you have for the formal review to, you know, to submit your formal review. And also, when does that time begin?

Bobby Harris: Oh, okay, that's great. Thank you for your question. Informal review is – allows for a 60-day submission period. And the informal review will start after the release of the QRURs and feedback reports. So, throughout the informal review – or

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leading up to the informal review process, CMS will alert you of when the feedback and QRURs are available. And once they are made available, they will be also a parallel announcement letting you know when the start of the informal review will begin. And there will be 60 days from the start of that informal review for you to submit your informal review.

Kim Sweet: Okay, thank you.

Bobby Harris: You're welcome.

Operator: Your next question comes from the line of Koryn Rubin.

Koryn Rubin: Hi, this is Koryn Rubin from the American Medical Association. Can you please clarify if someone submits a PQRS informal review, will they have to submit a separate one for the value modifier? And what happens if the PQRS information doesn't match up with the QRUR quality information, and vice versa?

Hello?

Aryeh Langer: Can you hear us now?

Koryn Rubin: No – oh yes.

Bobby Harris: Koryn, can you hear me now?

Koryn Rubin: Yes.

Bobby Harris: What was your first question again?

Koryn Rubin: If someone submits a PQRS informal review, will they have to submit a separate one for the value modifier?

Bobby Harris: The answer to that is yes because they're two separate programs. Of course, they both have the informal review at the – usually at the same timeframe. But, yes, you would have to submit both.

Koryn Rubin: So, but, so the followup to that is, in previous years there's been issues with the PQRS information not matching up with the quality information in the QRUR. So what happens – if that occurs, what should a physician or practice do?

Bobby Harris: If you feel like it's not matching up, Koryn, the best thing to do is to submit an informal review so that we can definitely be able to query your information to see if there is an error on our part.

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Koryn Rubin: Okay. And then just one other followup question. Is the PQRS registration portal the same for downloading a QRUR and submitting a PQRS and value modifier informal review?

Aryeh Langer: One moment please.

Bobby Harris: Brian or Marilyn, do you know the answer to that?

Brian Warren: If I'm understanding her question correctly, the PQRS informal review is a separate website than the VM informal review. They're two separate locations.

Koryn Rubin: Will you be sending out clarifying information with the links?

Brian Warren: There will be documentation for each informal review posted to the CMS website with instructions.

Aryeh Langer: Thank you very much.

Operator: Your next question comes from the line...

Marilyn Sherwood: This is Marilyn. I apologize, this is Marilyn. Also, the links to those are also...

Marilyn Sherwood: ...on slide 13 of this – on slide 13, there is a link to the user guides for those places to go for the informal review. I apologize.

Operator: Okay, your next question comes from the line of Lisa Hays.

Lisa Hays: Hello. Hold on – Okay. I'm Lisa Hays, I'm with the Quality Improvement Organization for Missouri. And I have a couple of quick questions. One is that we had a group of physicians that we're working with and they were part of an ACO. And the ACO closed but did not submit the data – or the information to CMS that they were supposed to. So, whenever they tried to submit their PQRS data, it was rejected because the data is expected to come from the ACO. And we could not find anyone who knew any way to work around that, short of trying to find some original folks from the ACO to fill out the paperwork, and we just hit a brick wall with that one.

So, my question is: Is there a way that we can be proactive, because I know these folks will indeed receive a letter, because they have the data but they were not able to submit it because CMS couldn't accept it from them directly?

Alesia Hovatter: And hey, Lisa, this is Alesia Hovatter from CMS. I think this would be a good question to submit to the QualityNet Help Desk. And that information...

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Lisa Hays: Yes.

Alesia Hovatter: ...is on slide number 27 of this presentation. That way we can coordinate with the ACO program that we work with at CMS, which are our counterparts.

Lisa Hays: Okay. And then the next one was about, we had folks who were submitting their meaningful use information, misread one of those questions about submitting your data electronically and thought that they were also submitting data to PQRS. So, again, this is another situation where I know that they are going to receive notice. So, is that another one that I would send to that same email?

Alesia Hovatter: Yes, this is Alesia. And I think that would be – yes, that would be great if you could send both in. And then, Brian and Marilyn, I don't know if you have anything to add to that or not.

Brian Warren: I think the best bet would be to submit an informal review during the time period so we can research accordingly. Thank you.

Lisa Hays: Okay, thanks.

Operator: Your next question comes from the line of Jason Shropshire.

Jason Shropshire: Hi, can you hear me?

Aryeh Langer: Yes, sir.

Jason Shropshire: So I have a couple of quick questions. The first is, is there any sort of a small window where we know the 2015 QRUR is going to be released? I know it says fall, but does that mean early October, mid, late, early November?

Alesia Hovatter: And hi, this is Alesia Hovatter. So, we're targeting early fall. So, that's as best guess as we can give you for now, but it will be early fall 2016 because we know you all need this information for, you know, all the downstream impacts.

Jason Shropshire: So, does that translate to around late September projected?

Alesia Hovatter: And I can't give you an exact date now other than it's just going to be early fall.

Jason Shropshire: Okay. And so my second question has to do with the information on slide 15 about the GPRO updates. So, I'm a little confused by, especially the third bullet point. It says reporting mechanism data and measure performance will be provided for GPRO registry and GPRO EHR submissions. How does that differ than what's happened

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in the – in the past QRURs? You always have measure performance information. I guess, what do you mean by performance detail? How does that differ than what's been in past QRURs?

Alesia Hovatter: And this is Alesia again. Thanks so much for your question. So, we had received some stakeholder feedback that it would be advantageous to include a PQRS feedback report for GPROs as well. As you know, in the current years past, we only include that for our individual EPs. So, we are including one this year, which is new, for the GPROs. And this is just kind of a high level of what will be included.

So if you have any questions on kind of the technical aspects, I will ask you to email the help desk. Or once, you know, you receive the PQRS feedback reports for this year, you can let us know any questions after you've seen those. But if you have any questions on the technical piece or want additional information on kind of what we're, you know, leaning towards for the GPROs, do please send the help desk a question. And, again, that information is on slide number 27.

Jason Shropshire: Okay, thanks.

Operator: Your next question comes from the line of Chris Hopwood.

Chris Hopwood: Hi, I'm just following up to Koryn's question about the quality – if the quality data on the QRUR doesn't match, what the process is expecting it to be or there's – they feel like there might be some errors. However, if they haven't gotten a payment adjustment but they still feel like there is an error on their reporting rate, well, how should we handle that?

Bobby Harris: Thank you, Chris, for the question. I think you should – as we mentioned earlier, I would be proactive and submit an informal review. Just because – if you feel like there's an error, I wouldn't wait on receiving a payment adjustment letter. I would just – if you have that sort of speculation that there might be an error, I would go ahead and get your informal review in so that we can have it available so that we can look at the data that you have on your feedback report and see, you know, if there's an error or not. But don't wait on that payment adjustment letter.

Chris Hopwood: So I am not really referring to that, I'm referring to the practices that know that maybe they're in the neutral zone where they're not getting a payment adjustment but that they feel like they did a lot better, for example, on their reporting rates and there was an error with that, so that they're not actually getting a payment adjustment but they feel like it could affect their – the discrepancy and performance rates could affect their reimbursement rate? I'm more referring – how do we handle that if they actually are not receiving a payment adjustment but they feel that there's a discrepancy with their quality reporting rates?

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Marilyn Sherwood: This is Marilyn, can I ask you to clarify something please?

Chris Hopwood: Sure.

Marilyn Sherwood: Are you more talking about the value modifier adjustment, like maybe you're getting a neutral and you're asking, you know, maybe you think it might have been positive had certain rates been different like the performance rate...

Chris Hopwood: Correct...

Marilyn Sherwood: Is this what you are asking...

Chris Hopwood: ...like on the PQRS feedback reports, right. So like that they're saying my – this isn't matching what we have as an aggregate for our reporting rates and that it may affect then the value modifier. But if the informal review process only allows a reason code if you get a penalty to do an informal review, what do I do in this case?

Marilyn Sherwood: So, this is Marilyn again. And for PQRS purposes, if you're not taking a payment adjustment but you have questions, we would take a QualityNet Help Desk incident to research that for you. But for VM purposes, if you're disputing basically the fact that maybe you have a neutral versus a positive, I can't speak to it for sure. I think if Fiona or somebody else is on, but I believe you would submit a VM informal review. Can somebody please speak to that and correct me if I'm wrong?

Alesia Hovatter: And this is Alesia...

Chris Hopwood: (Inaudible) ...taking their – yes.

Alesia Hovatter: Oh, I was going to say...

Chris Hopwood: Sorry, go ahead.

Alesia Hovatter: I'm sorry, this is Alesia from CMS. I was going to say this is a good question to submit. You could submit that to the PV Help Desk and our counterparts in the value modifier program would get back to you on an answer for that.

Chris Hopwood: Okay. So, we wouldn't be able to do a PQRS informal review to change those reporting rates on the PQRS report from like the PQRS data warehouse, for example. But do a VM report – because I don't know – I would think that if they're pulling their performance rates from the PQRS data warehouse, how will they know if there is a discrepancy unless the PQRS feedback reports are corrected? Do you see how they're kind of interlinked?

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Marilyn Sherwood: So, this is Marilyn, and I do. And so, submitting a QualityNet Help Desk ticket for us to research that is a good start. In addition...

Chris Hopwood: Okay.

Marilyn Sherwood: ...to that, we do have some communication between the VM team and our team when it comes to the VM informal reviews and the fact that our information does affect the outcome of that to some degree. So they do go to us...

Chris Hopwood: Sure.

Marilyn Sherwood: ...when needed for some things as well.

Chris Hopwood: Okay, okay, so just submit an incident or a ticket with the PV Help Desk if that's the case.

Alesia Hovatter: Perfect.

Marilyn Sherwood: Perfect, yes, like Alesia said, it sounded like submitting an incident to the PV Help Desk is a great idea with that question...

Chris Hopwood: Okay.

Marilyn Sherwood: ...to get the complete answer.

Chris Hopwood: Great, thank you.

Aryeh Langer: Okay, thank you so much.

Operator: Your next question comes from the line of Scott Barrette.

Scott Barrette: Hi, can you hear me?

Aryeh Langer: Sure, Scott, go ahead.

Scott Barrette: We have GPROs and we have an ACO. I'm just wondering about the level of detail when you ask for the feedback reports. Are we going to get individual professionals or is it just going to be the entire GPRO on one feedback report and the entire ACO on one feedback report?

Alesia Hovatter: And hi, this is Alesia. Since we've had two questions now on GPROs and PQRS feedback reports – Aryeh, I think it probably would be good for us to maybe look to do an addendum to the presentation to include a little bit more details on what we are targeting for when the PQRS feedback reports are released in the fall. Do you think

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that would be a good next step so then that way if we have additional questions that pop up on the call that we can just have further documentation that's coming forward?

Aryeh Langer: We can definitely look into doing that.

Alesia Hovatter: Okay. So this is Alesia. So would that help address your questions, if we put together something and release it after the call?

Scott Barrette: Where are you going to put it? Are you just going to...

Aryeh Langer: We can post that on the National Provider Call webpage that had today's information.

Scott Barrette: Because I know in the past...

Aryeh Langer: (Inaudible.)

Scott Barrette: ...we weren't even able – we weren't able to get feedback reports for the GPROs or the ACOs. It sounds like we can get something now. But I just don't know if it's going to be each professional that gets one or is it going to be just, you know, the entire GPRO that gets one feedback report?

Kevin Ernst: So this is Kevin, if I may jump in here, from PQPMI, do keep in mind that the feedback reports are going to be packaged at each TIN level. So, it will contain information for both the GPRO, how the GPRO participated and their status against the payment adjustment. It will also include some individual information as far as individuals and their status against the payment adjustment as well. So it has who is participating in the GPRO and ACOs and that sort of thing.

We are also coming out very soon with a user guide for the feedback reports, which will also contain a lot of this information. And that will be posted on the CMS website targeting hopefully later this month, early September, sometime in that timeframe. But hopefully right around the same that feedback reports are released. But that user guide will show you some additional information that will help address your questions.

Scott Barrette: Yes. And I just had one last thing regarding the last caller, and she was talking about, you know, if you're – if you think your score is different than what they're showing that you would just do a ticket – a help desk ticket. Would there be any kind of a deadline on that? Probably the same 60-day period for the informal review maybe?

Bobby Harris: Yes, Scott, that would be true. You would probably just do a regular help desk ticket. And I would definitely suggest that you stay within that 60-day timeframe for an informal review because that will help us to definitely be able to respond to you in time. So that if you might have to submit an informal review, you would still be within

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the 60-day timeframe. So, the sooner you could do that the better, just be cognizant of those 60 days.

Scott Barrette: Thanks.

Operator: Your next question comes from the line of Amanda Henry.

Amanda Henry: Hello.

Aryeh Langer: Hello, Amanda.

Amanda Henry: Yes, we have met all of the requirements for the PQRS and the meaningful use. We're a solo practitioner and I know that we don't qualify for the value-based modifier. But I just wanted to make sure there's nothing in addition to that that we need to do to stay on top of things.

Aryeh Langer: Go ahead.

Bobby Harris: Marilyn, can you think of anything else they might need to do?

Marilyn Sherwood: Bobby, this is Marilyn. So, if that's about VM, I still think it's best to call the PV help desk because they're the ones who'll need to speak to that. And we can't really...

Bobby Harris: Yes, I...

Marilyn Sherwood: ...speak definitively to that.

Bobby Harris: Yes, I don't think she's – I think – I think she's – I think – Amanda, am I hearing you correctly? You're not – you're not considering VM?

Amanda Henry: Well, it's only for groups of 100 or more, correct?

Bobby Harris: Right.

Amanda Henry: Okay.

Bobby Harris: Okay, so...

Amanda Henry: So we don't qualify for that because we're just a solo practitioner.

Male: Okay.

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Brian Warren: Hi, Bobby, this is Brian. We can't necessarily speak to who the value modifier may affect and would highly suggest reaching out to the PV help desk with the understanding that we believe it is less than 100 it may affect as well.

Marilyn Sherwood: Including...

Amanda Henry: Okay.

Marilyn Sherwood: ...individual practitioners.

Aryeh Langer: Does that answer your question, Amanda? Well, I hope it did. Let's go ahead and take our next question please.

Operator: Your next question comes from the line of Patti Schmidt.

Patti Schmidt: Hello?

Aryeh Langer: Hello, Patti.

Patti Schmidt: I'm just wondering if anybody knows anything about the merit-based incentive payment system that was proposed for possibly 2017? That is going to replace this PQRS system.

Bobby Harris: Yes.

Bobby Harris: Go ahead, Alesia.

Alesia Hovatter: Sorry, it's Alesia. I'll go ahead and take this one. So, yes, we did have a notice of proposed rulemaking that went out. It received public comments, and we are now working on the final rule for that. So, that is the quality payment program that is required by the MACRA statute that was recently passed. So, if you have any other questions, there is a website for the quality payment program at CMS.

Patti Schmidt: Okay, thank you.

Operator: And your next question comes from the line of Colleen Quintal.

Keisha Ori: Hi, this is Keisha Ori from the GLPTN, one of the QIAs – with two other QIAs. We had a couple of questions. The first one was in regards to pulling the informal review. It said that the person had to have a multi-authentication factor to use or to pull that. So, would that be the person that is elected the security official?

Bobby Harris: Kevin, are you on the line? Can you answer that?

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Kevin Ernst: Hi, Bobby, yes, this is Kevin. The multifactor authentication, which is referenced, is actually for each EIDM account holder. So, whether you're a security official or one of the many other roles, when you get into either submitting an IR or downloading feedback reports or that sort of thing, you are going to be prompted with a multifactor authentication. And that's just a way to make sure that you are who you're supposed to – or who say you are. So it's – you have your initial login, and then you have a secondary multifactor, which can be – there are several options. You can have a text, an email, or something like that and that will send you a code. Once you provide that code, then you are allowed to access the part of the website that is being secured in this manner. So, it's by account and by each individual that may have an account.

Keisha Ori: Okay. Then the other question...

Kevin Ernst: Does that help clarify?

Keisha Ori: Yes. When I registered, a lot of the practices for, you know, GPRO, you know, they designate a security official and then the other person. So, I just wanted to keep the role simple so it wasn't going to be too much, you know, keeping it to the same person that took on that security official role seems to be the best option for, you know, being the person that pulls, you know, the feedback reports in the QRUR report.

Kevin Ernst: Yes. So, just to elaborate just a little bit more on that, when you – when you requested an EIDM account, you know, you do have to go through and setup your multifactor and then you can add these roles like what you mentioned there. And it is possible for a user to have more than one role on their accounts. So, I could actually be a security official for two different tax IDs, if you will. But my multifactor authentication is valid for the account, and so that is what is being used to access specific parts of the website. So, that's what they're referencing when they talk about multifactor.

Keisha Ori: Okay. One other question. Colleen is going to ask it.

Colleen Quintal: Hi, so, this is in reference to the – going through the informal process or informal review for the feedback reports that you – were identified as having issues with that. And just saying that the reports weren't going to be refreshed or regenerated to reflect the corrections. Just wondering if the feedback reports feed into Physician Compare, and if Physician Compare will reflect the corrections?

Alesia Hovatter: Hi, this is Alesia Hovatter, I can take this one. So, as you know, each year with Physician Compare we have a preview period. So that gives you the opportunity to preview your data before it is released live on the website, which is always targeted for late – so this year, it would be late 2016. So, we haven't officially announced the dates yet for the preview period this year, but they will be around the same time as we had in the years past. So, once you receive your PQRS feedback report, right, which you'll probably receive prior to the Physician Compare preview, you can

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start to look through your data then, and then you'll also be able to preview your data before it goes live on Physician Compare. So during that preview period, that is the time that we ask you to identify if you've seen anything wrong with the data.

Again, I want to stress to all of you on the line today, please get your EIDM account now if you don't already have it setup because you need your EIDM to preview for Physician Compare. You also need your EIDM account to download your PQRS feedback reports. So please make sure that you're doing that in advance because we want to make sure that, you know, once we have the preview for Physician Compare, that you can use that 30 days and actually preview your data as opposed to trying to get your EIDM account sorted. So, hopefully that addresses your question.

Colleen Quintal: It did. Could you just tell me the timeframe again and tell me how long that period is? Is it a 30-day period? And then when you said approximately that they would be able to review those – the reports?

Alesia Hovatter: Well, you are correct, it is 30 days and it will be roughly around the same time as last year. In years past, we've used the October to November timeframe. So, we will be announcing dates for that shortly, and that will go out to all of our listservs. So, do keep your eyes posted for that in the very near future.

Colleen Quintal: Thank you so much.

Keisha Ori: I have one more question. For the informal review, I know you say you'll be – they'll be sending out an email or contacting – I'm so tongue-tied today – contacting individuals in regards when the informal review report is able to be printed. Is that going to come through the CMS Enterprise portal email address that's provided for the person that setup the Enterprise account for their clinic? Or how would they be alerted, I'm sorry?

Bobby Harris: Alesia, do you know how they are notified when the feedback reports are available?

Alesia Hovatter: This is Alesia. Thank you so much for your question. I know we will definitely be sending listserv announcements out to all of the listservs that we currently have for PQRS, including the Medicare Learning Network, the eNews that goes out. And then if anyone's on from PQPMI, if you know more of a specific answer to address this question, that would be most helpful.

Kim Sullivan: Thanks, Alesia, this is Kim Sullivan from PQPMI. Yes, you covered listserv messages, it will be in the weekly provider eNews, which is another form of listserv. We will also announce it on the PQRS website, so we'll have language out there, and possible announcements on other related calls.

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Keisha Ori: So all this will be...

Kim Sullivan: And, yes... And the – and the PQRS listserv, too, sorry. I think that's what Alesia was referring to. Yes...

Keisha Ori: So...

Kim Sullivan: Sorry.

Keisha Ori: ...would it be beneficial to inform the practices to sign up, because I'm not quite sure if everybody is, you know, signed up for those listservs to know when those – that informal review is going to come out? Is there a link that's included with the slides here for them to sign up for the listserv so they can get – receive those announcements?

Kim Sullivan: We are checking that right now. And the...

Kim Sullivan: We're looking right now. Another mechanism is, if you follow CMS on Twitter, there will be messages in the Twitter feed.

Kim Sullivan: Probably the best – sorry. Sorry, the best answer would be to go to the "How to Get Started" page on the PQRS website, and we have a link to sign up for the listserv right there. I'm not sure it's included in the slides this time.

Keisha Ori: Okay. I'm looking on page 21, referencing back, would that be the link that I need to send those, you know, those individuals to – I see a PQRS listserv, would that be the link that I would need to send my practices to sign up for it so they can receive those...

Kim Sullivan: Yes.

Keisha Ori: ...alerts?

Kim Sullivan: Yes, good eye. It is on slide 21, like you referenced. Sorry, we were looking in a different spot. It's normally in the resource section.

Keisha Ori: Okay.

Kim Sullivan: Yes. Highly encourage your providers to sign up for the listservs and/or Twitter so they get the latest and greatest. Thank you.

Operator: Your next question comes from the line of Gary Hall.

Gary Hall: Hi, thank you very much.

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Gary Hall: Just a quick question – yes, can you hear me? Can you hear me...

Aryeh Langer: Yes sir.

Gary Hall: ...now?

Aryeh Langer: Go ahead, sir.

Gary Hall: Just a quick question on the EDIM, how do you obtain your username and password?

Bobby Harris: Kevin, go ahead.

Alesia Hovatter: Yes, Kevin, go ahead.

Kevin Ernst: Hi. Yes, this is Kevin from PQPMI. So, when you go to the enterprise portal website, there is a link for new user registration. The user IDs and passwords are actually generated by the – by the requester. So you can actually set your own user ID and password.

Gary Hall: Okay.

Kevin Ernst: There are some standards that you need to run through. In the slide materials, there is a link to the quick reference guides for getting an account. I believe it's on slide 13. Those quick reference guides will actually walk you through requesting an account. It has step-by-step instructions with screenshots. But your user ID and password is actually generated by the requester.

Gary Hall: Okay, thank you.

Kevin Ernst: You're very welcome.

Operator: Your next question comes from the line of Anne Zaccheo.

Anne Zaccheo: Good afternoon, I have a question. I just wanted to confirm if a practice has submitted 2015 PQRS data as a GPRO, that that GPRO data submission would clearly take precedence over any Medicare Part B claim submissions.

Bobby Harris: Brian, are you ready?

Brian Warren: CMS will actually analyze any reporting mechanism that is submitted by a practice or individual. So if you have registered to report as a GPRO, we would review that reporting mechanism first. Does that answer your question?

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Anne Zaccheo: It does. However, I was confused when I had logged on to the EIDM portal and I was seeing some data in there for 2015 for individual physicians, which looks to be related to Medicare claims submissions. Because I was – like I said, we had submitted as a GPRO with our EMR vendor for 2015. So, I'm seeing both on there, and I was just, was confused because I thought the whole part – the point was you had to, you know, register as a GPRO by, I believe it was June 30th, and that that clearly would take priority above any other data.

Brian Warren: 2015 information...

Anne Zaccheo: (Inaudible) yes.

Brian Warren: Right. 2015 reporting information should not be available yet as the feedback reports aren't out yet. So, the best option would be to take the screenshots and call the QualityNet Help Desk and open up an incident so we can research that further.

Anne Zaccheo: Okay, I will do that, thank you.

Brian Warren: Thank you.

Operator: Your next question comes from the line of Helen Tselentis.

Female: Go ahead.

Aryeh Langer: Hello, Helen, your line is open.

Johann: Hello, this is Johann. I'm sorry, and I'm speaking on behalf of Helen. My question is in regards to the informal review, and I think a lot of individuals had alluded to the measure level detail that's needed. What exactly does a provider need to do in order to contest their payment adjustment if they believe that the information is incorrect? How – what source documentations does CMS need in order to verify?

Bobby Harris: Go ahead, Marilyn.

Marilyn Sherwood: Thanks, Bobby. This is Marilyn with PQPMI. When you submit your informal review request, you really – you know, just really want to document well any of the reasons that would sort of show us, okay, why what you're seeing appears to be wrong to you. So, you know, sometimes I know I've seen informal reviews with a pretty general statement that just says, you know, "I don't agree with this. This is wrong. We reported." And I'm using a very weak sample. But that doesn't really give me, you know, the documentation behind it. So, I've also seen where they document and they say, "No, we submitted a batch ID. Here's the batch ID. I don't know why you don't have this information received, so here's our batch ID, this is the date we submitted it, we

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submitted it by EHR.” All those types of facts that you can think of that would be pertinent for us to know to be able to research is very helpful in your informal review documentation.

Does that answer your question?

Johann: Yes, that does. I think, in addition to that many of the providers probably would like some guidance as to how to do that and information as to what sources such as what you just suggested they should be providing. We’ve currently been looking at most of the education materials that you have, and it’s not very clear. We understand how to submit an informal review, but what the actual detail is necessary to do so to be successful at it, I think, is missing.

Marilyn Sherwood: So, part of the – part of the reason behind that is there are so many different scenarios out there that it wouldn’t – we wouldn’t be able to speak to all of them that specifically. However, what I would encourage the practice do – to do if they’re thinking of submitting an informal review and they’re maybe not quite sure what all they should submit, go ahead and call the QualityNet Help Desk and have an incident created and tell them the situation: “We reported this way. This is what’s going on. We want to submit an informal review. We need some guidance as to what all we should include to show you what we need to show you.” And we can give you that guidance more on a specific example. Does that make sense?

Johann: Oh, certainly. It does. Thank you.

Alesia Hovatter: And Marilyn, one thing I think I might add is that, it is really important for everyone again to get your EIDM account. But to download your PQRS feedback report so that way you can see, you know, all of the details. I think that would be really crucial. I’m not sure that everyone does that before they go ahead and submit an informal review. So, we would encourage that. We are trying to get more details added into the PQRS feedback report. So, please, too, if you see any details that need to be added that aren’t in this year’s report, please let me, Alesia Hovatter, know and we will get those in for next year on the PQRS feedback reports.

Marilyn Sherwood: That’s a very good point because your feedback report might answer your questions on it, and it also might give you more data to say, “Oh, well, it shows I have this reporting rate, and I know I submitted this many,” and those types of specifics you’d be able to submit. So, thank you, Alesia.

Operator: Your next question comes from the line of Barbie Long.

Aryeh Langer: Hello, your line is open.

Let’s go ahead and take our next question please.

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Operator: Your next question comes from the line of Harlan Epstein.

Harlan Epstein: Good afternoon.

Aryeh Langer: Hello.

Harlan Epstein: Yes, good afternoon. I'd like to take this in a little different direction. Having performed the PQRI and then turning into PQRS, exactly what is the purpose of gathering all of this data, number one. And how is it being used besides rewarding or penalizing physicians and such? And will you ever release the information redacted from, with personal health information removed? Thank you.

Bobby Harris: Thank you for your question, Harlan. You know – I think this forum might not be the best forum to address this kind of request. I think you have some questions about the, you know, the program at a higher level. So, I'm going to try to get some information from you and maybe we can – we can discuss this outside of this forum, your concerns concerning the PQRS program. So, if you would like...

Harlan Epstein: Well, I don't think it's just specific to me. I think a lot of people would like to know exactly why this program was instituted, I mean, just general. Not...

Bobby Harris: I understand but...

Harlan Epstein: not specific.

Bobby Harris: Yes. And I understand that. But this is not – but this call is not where we want to kind of have that conversation unless you have an informal review or a feedback report question. But like I said, I can provide you with the email so we can correspond to kind of discuss that.

Harlan Epstein: I was hoping it would be discussed in a larger audience...

Bobby Harris: Yes, we will...

Bobby Harris: Okay, thank you.

Harlan Epstein: Thank you.

Operator: Your next question comes from the line of Stacy Breton.

Stacy Breton: Hi, I'm calling from Kadrmas Eye Care of New England. How are you?

Aryeh Langer: Good. How are you?

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Stacy Breton: I'm well. I'm new to this. This is my first year being assigned the officer trying to take care of all this. And my question is, is – I can access my reports, I've done everything I'm supposed to do. Will I receive a letter prior to those reports letting me know whether or not I was successfully or do I find out as I access my reports?

Bobby Harris: Alesia.

Alesia Hovatter: Yes. This is Alesia Hovatter. So, we do aim to send out a PQRS payment adjustment letter. That will be around the time of the release of the PQRS feedback reports. So, again, I would encourage you – it sounds like you're already on the right track. You've got your EIDM and you're able to get in and see your reports. That's excellent. And, just do, if you haven't already, you know, gotten on one of our listservs, make sure that you are on one of our listservs so that way you can receive the information about the release of the PQRS feedback reports this year.

Stacy Breton: Will I receive the letter prior or will the feedback report come first or it's unknown at this time? Excuse me.

Alesia Hovatter: And this is Alesia. And, I'm sorry, I don't have the exact dates for either of those. But they will be around the same time this year.

Stacy Breton: All right, I appreciate your help. Thank you.

Operator: Your next question comes from the line of Christine Grossman.

Christine Grossman: Hi, thank you, my question's already been answered.

Bobby Harris: Hi, Christine.

Operator: Your next question comes from the line of Deborah Tracy.

Deborah Tracy: Hello.

Aryeh Langer: Hi, Deborah, go ahead.

Deborah Tracy: Yes, my name is Dr. Deborah Tracy. I practice solo in Florida. And I am looking at this resource on slide 29 that you're going to provide for QRUR, Understanding Your Report for 2015. I want you to know that your registration for these presentations is filling up very rapidly. In fact, I tried to register for the CMS August 16th course and it was full in 3 hours. So, I feel that this QRUR report is very difficult to read, especially the cost allocations. As a solo in Florida, by law I have to see a patient every 3 months. I may see them more than their primary care or their cardiologist or their pulmonologist, and I have huge cost allocations on me because I provide the plurality of services.

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So, I would really like you – to ask you if you would spend some time on cost allocations in this presentation on September 22nd and also provide enough resources so that enough of us can register around the country.

Aryeh Langer: Yes. We'll take that feedback – excuse me. The date of the call actually is influx. We'll send out a – we'll send out an eNews message letting people know the date of the call. It is scheduled right now for some time the end of September. But, again, we'll have that information out. And when it comes to the National Provider Calls, we don't actually have any limit. There are some other calls and webinars that do have a limit to how many participants can be on those. But we'll take that information back and, you know, hopefully that they can have more space for everybody.

Deborah Tracy: Can you comment on the cost allocation part of the QRUR, or are you not ready for that yet?

Aryeh Langer: We don't have anybody on the line right now who can answer that.

Deborah Tracy: Thank you.

Operator: Your next question comes from the line of Jhen Villanueva.

Jhen Villanueva: Hello. My question has to do with 2014 PQRS submissions. We understand that there are issues with the EHR submissions, you know, which created – you know, somewhat of a fiasco with requiring providers to submit an informal review even if, you know, the information was submitted okay. Do you guys anticipate that happening again or any similar issues?

Bobby Harris: No – thank you for your question, Jhen. We don't anticipate having that issue this submission period...

Jhen Villanueva: Yes.

Bobby Harris: ...because we – yes, you're right, there were some challenges that we had to overcome in the 2014 period. But with some new system upgrades and some flexibility built into our adjudication process, we don't anticipate seeing those same issues happen this year.

Jhen Villanueva: You got it. Okay, great. And then just one other related question. You know, for that period, you know, you guys at one point had a PQRS lookup table where you can enter the tax ID and NPI to find out whether or not the submission came through or whether or not this provider was going to receive a negative adjustment or actually receive an incentive payment. And on that lookup table, it may have said, yes, the provider would not receive a negative adjustment. But we – but because we had to submit an informal review, the results of that informal review stated otherwise.

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And so, I never got clarification of which one superseded the other. And so, is that something that I just take up with the QualityNet folks again? I did submit tickets, but I never heard responses, never got closure.

Bobby Harris: Yes, I think so. I apologize for not getting back to you. But please, please go out and give us a help desk ticket for that and we'll get right back to you on that.

Jhen Villanueva: Okay. Just submit it through the phone – I mean, just to call the number for that – the QNet support desk for that?

Bobby Harris: Yes. I think in our slide we have the contact information for the help desk.

Jhen Villanueva: Okay, you got it. Thank you.

Bobby Harris: It's on slide 27.

Jhen Villanueva: Okay, I've got it. Thank you so much.

Bobby Harris: Thank you.

Operator: Your next question comes from the line of Allan Fossett.

Allan Fossett: Hi, this is Allan Fossett with the Christ Hospital Health Network in Cincinnati, Ohio.

Aryeh Langer: Go ahead, Allan.

Allan Fossett: Hi. I have – I have a couple questions and to one of them a related comment. My first question relates to the timing of the feedback reports for 2015 reporting. I know that earlier in the presentation it was defined as late summer. But just as the previous question trying to tie down a timing for the QRUR reports, I'm wondering if we can – if late summer means the end of August or if we can just tie it down a little bit better on the feedback reports.

Alesia Hovatter: Thanks for your question, this is Alesia. And, again, it's early fall. So, I believe when we were talking about late August, that was the release of the quick reference guide. So, if you could target early fall for the release of the PQRS feedback reports, that would be great. And, you know, the QRURs go out around the same time as well each year.

Allan Fossett: Okay. Next question, this relates to our 2014 feedback reports and the data that's included in them and then a comment on the informal review process. We received letters for a number of our providers that they failed to satisfy PQRS through

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claims-based reporting in 2014. When we pulled the informal – or when we pulled the feedback report, there are two columns in the feedback report, one entitled “Criteria to Avoid PQRS Payment Adjustment Met/Not Met by Reporting Method” and another column “Subject to 2016 PQRS Penalty Adjustment.”

And taking one of those providers as an example who received a letter indicating that he would – that he would be subject to the PQRS payment negative adjustment. In each of those columns, he says he met the PQRS – he met the criteria to avoid the PQRS payment adjustment and that he was not going to be subject to the PQRS payment adjustment. And then we got an adjustment letter. We filed an informal review – request for informal review, and specifically set forth that in the feedback report it indicates that this provider was not going – that the feedback report tells us he’s not going to be subject to the payment adjustment.

When we get the – when the determination, the result of that informal review came back, the result said basically, “Sorry, denied.” Without any further explanation as to why the feedback report contained contradictory information. So my comment is that when we do file informal reviews, it would be immensely helpful for the result of that informal review to actually address the grounds on which the informal review is filed. And so that’s – you know – what’s that – this is water under the bridge for 2014.

But last year was my first year being involved for the PQRS, and I found the informal review process to be very unsatisfactory. And so, my comment is if you guys are going to assess my providers at 2 percent payment adjustment, please at least after we file a request for informal review, please let us know why the information that we submitted in support was insufficient.

Bobby Harris: Hi, Allan. Thank you for your question. And I definitely feel your passion in asking that question. Part of what we’ve tried to do this year in the upcoming informal review period is definitely address specifically the very thing that you brought up. We found that our denial letters did not address the detail by which we denied an informal review. So, in this upcoming year, we have added some detail inside a denial or even the approval letters, that really takes up to the heart of why you were denied. So, you will see detail that might speak to performance rates, reporting rates, etc., that leads to the reason why we may have denied you’re informal review. So you can expect that.

And I do agree that in the past they weren’t – they might have been a little vague, but I can promise you that in the future, the upcoming year especially, your response letter will be definitely more detailed and have more explanation for you.

Allan Fossett: I will hold you to that, Bobby.

Bobby Harris: Yes. Please do. And you can always reach out to me if you need to.

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Allan Fossett: Okay. Thank you all very much for your time today.

Bobby Harris: Thank you.

Operator: And your next question comes from the line of A.J. Hernandez.

A.J. Hernandez: Hi, this is A.J. from the great state of Washington. I have a question and a comment. I've had nothing but great luck with the Quality Help Desk support teams since 2007. However, when I tried to get the 2015 midyear reports off the website, they told me that our radiology group had been hijacked by an ACO and I no longer had access as the security officer. And I'm trying to figure out how to get this corrected and the Quality Help Desk said they couldn't help me, I had to contact the ACO.

Bobby Harris: Kevin, do you have any help for this? Because for the A – from what I understand, for the ACO to, using her words “hijack” them, there would have had to have been some sort of agreement between them and the ACO. Is that correct? So, I don't see how they would have been able to do that.

Kevin Ernst: Yes, Bobby, this is Kevin. I'm trying to run through that. I think because you're talking about the midyear reports for QRUR, I keep coming back in my head here. I think the best route to go is maybe contact the PV support desk. They're more directly tied to the QRUR reports and that sort of thing.

A.J. Hernandez: Okay. I'm sorry...

Kevin Ernst: And I...

A.J. Hernandez: ...let me – let me clarify. I got the QRURs. What I couldn't...

Kevin Ernst: Okay.

A.J. Hernandez: And we got the bonus on the PQRS for 2000 – it would be the monies we received in 2015. So...

Kevin Ernst: Okay.

A.J. Hernandez: ...what I can't get my hands on is for my radiology group. I can't get the feedback report with the detail because the – some ACO says that we are part of them, and we aren't.

Kevin Ernst: Okay, so...

A.J. Hernandez: We... Because we report by claim.

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Kevin Ernst: Okay, so... And, again, this – yes. So this is Kevin again. So you... What type of ACO are you? Are you a shared savings ACO?

A.J. Hernandez: We're not an ACO...

Kevin Ernst: Or are you a pioneer?

A.J. Hernandez: A pioneer is what they told me on Quality...

Kevin Ernst: Okay.

A.J. Hernandez: ...Help Desk.

Kevin Ernst: Okay.

A.J. Hernandez: But we're not. I mean, the hospital that we read for is, I guess.

Kevin Ernst: Where you come into is – and this is where you might need to go ahead and contact the help desk again here and see if we can get it escalated but...

A.J. Hernandez: Okay.

Kevin Ernst: ...it all comes down to the TIN that you're billing under. And if that...

A.J. Hernandez: Right.

Kevin Ernst: ...and if that TIN...

A.J. Hernandez: Right.

Kevin Ernst: ...is not only for your group but also, you know, the other – you know, portions of your hospital, any of those – anybody practicing under that TIN, if somebody is tied to an ACO, that covers the TIN, not just individual pockets. Now, there are some ACO – different types of ACOs that do allow for a different type of reporting, and I think that's where, you know, the QualityNet Help Desk, if we can get it, you know, addressed properly there, will help us to pull in, you know, resources from the ACOs, find out exactly who you are and, you know, where your TIN is tied to, and then we can maybe help piece – work this back, you know, to figure out where you can get your information.

But keep in mind that anybody that bills under a TIN, you know, it's not drilled down too much farther from that. So, that...

A.J. Hernandez: We bill under our own TIN.

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Kevin Ernst: And that's – yes. And that's where I was getting into, are you a shared savings or a pioneer, that type of thing. Now, your group may not be associated with that, but apparently your TIN is associated to an ACO. And that's part of the determination we need to help work through.

So, I guess...

A.J. Hernandez: Okay.

Kevin Ernst: ...long way around it, your best option, I think, is to try again with the QualityNet Help Desk and see if we can get you in touch with the right people to help answer your question.

A.J. Hernandez: Great. That helps a lot.

Bobby Harris: A.J.?

A.J. Hernandez: Yes?

Bobby Harris: A.J.?

A.J. Hernandez: Yes?

Bobby Harris: You said you reached out to the ACO?

A.J. Hernandez: No. I brought this problem up to my director, and she said we don't belong to an ACO. And when I asked...

A.J. Hernandez: ...Quality Help Desk about the same thing, they told me that they could not direct me with any contact information...

Bobby Harris: Yes, I think...

A.J. Hernandez:...for the ACO.

Bobby Harris: Yes. I think if you – if you have information, I would definitely try to reach out to the ACO. I mean, the QualityNet Help Desk can't give you that information, of course. But I think I'd...

A.J. Hernandez: How am I going to find them?

Bobby Harris: Oh, well, that is a good question. I would think that there would be some identifying information, though, but...

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A.J. Hernandez: Where?

Bobby Harris: ...maybe Kevin's right. Let's try – let's try with the QualityNet again – I mean, maybe the PV Help Desk, they might be able to help. Because it's odd to me that an ACO would be able to do this without there being some sort of agreement somewhere...

A.J. Hernandez: Right. And we – like I said, we got – we got the bonus and we avoided the adjustments. But I cannot get the feedback reports any longer.

Bobby Harris: Right. Right.

A.J. Hernandez: But I can get...

A.J. Hernandez:...I can get the QRURs.

Aryeh Langer: Yes. As you heard, I would just suggest, you know, sending an email to the help desk, and I would just reference in the subject line today's National Provider Call so we can make sure that...

Bobby Harris: Yes.

Aryeh Langer: ... we can escalate that for you.

A.J. Hernandez: Okay. And it's going to be the QualityNet Help Desk, not any other, right?

Bobby Harris: Yes.

A.J. Hernandez: Okay.

Bobby Harris: Yes.

A.J. Hernandez: Thank you, guys.

Bobby Harris: Thank you.

Aryeh Langer: Thank you. And we have time for one more question please.

Operator: And your next question comes from the line of Janelle Cox.

Janelle Cox: Hello?

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Aryeh Langer: Hello.

Janelle Cox: Hi, guys. You get me last. Okay, quick question. I'm the new kid on the block. And the group that I'm working for, I'm not sure they've done any reporting at all because the group changed, there was some big changes, and I'm just kind of new here. Where would I begin? Would it be with the QualityNet Help Desk?

Aryeh Langer: What type of information are you looking for?

Janelle Cox: To see if we've done any – anything at all. I'm trying to get on that EDI thing that you guys were talking about and doing the personal, you know, information to verify who I am. But I'm a little confused even how to get the information if we've ever even done any quality – you know, anything. I haven't – they don't know here. They've had so much management change. We're not even sure – I don't even know which – I'm like a kid on the first day of school. I don't know which door to go in.

Bobby Harris: Yes. I think, just to try to get you acclimated a little bit better with the...

Janelle Cox: Yes.

Bobby Harris: ...process, how about let's go with a QualityNet Help Desk ticket.

Janelle Cox: Okay.

Bobby Harris: They could give you some information and maybe some historical data with...

Janelle Cox: Okay, yes.

Bobby Harris: ...past reporting or something like that. They might help give you some context.

Janelle Cox: Yes, because I know they changed their NPI. They were one NPI, and then they changed to another NPI. So I'm not sure, you know...

Bobby Harris: Yes. Let's – yes, let's do the regular help desk ticket and see if they can give you some context.

Janelle Cox: Okay, okay. So just put a ticket in with them then. I have their phone number. Would it be better for me to call or would it be better for me to email?

Bobby Harris: You know, whichever is convenient for you. A phone call is always, you know, talking to someone might be helpful.

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Alesia Hovatter: And this is Alesia, I'll just add one other quick helpful hint for you. On slide number 30, there's PQRS website. You can click on that and then click on "How to Get Started," and that will also give you some good resources just to read in the meantime.

Janelle Cox: Yes. I printed all that off, too, just, you know, how to get started with the – with the process and stuff. I know we just went – I went to a State meeting and they said that they would have something that would be, you know, free to come in to help us because I know we're in trouble kind of like – trying to get this all together. And so, I will start with the Quality Help Desk then.

Additional Information

Aryeh Langer: Okay, thank you very much. Well, unfortunately, that's all the time we have for questions today. If we did not get to your question, please refer to slide 27 for the two help desk email addresses and phone numbers that have been mentioned throughout this Q&A session.

I just wanted to clarify on slide 29, there was a question about the next MLN Connects National Provider Call on the overview of the 2015 Annual QRUR. We have not announced the date yet for that call. Look out for that information via the MLN Connects Provider eNews, and it will also be posted on the MLN National Provider Calls and Events page on the cms.gov website.

As a reminder, an audio recording and written transcript for today's call will be posted to the MLN Connects Call website within 2 weeks of today's call. We will release the announcement in an MLN Connects Provider eNews when it becomes available.

On slide 33 of today's presentation, you will find information and URL to evaluate your experience with today's call. The evaluations are anonymous, confidential, and voluntary. We hope you'll take a few moments to evaluate your MLN Connects Call experience today.

Again, my name is Aryeh Langer. I'd like to take our presenters here at CMS, as well as our support staff on the phone. And also take all of you on the lines for participating in today's MLN Connects Call. Have a great day, everyone.

Operator: This concludes today's call.

-END-

