



PQRS: Feedback Reports and Informal Review Process for PY 2016 Results Call


Moderated by: Aryeh Langer
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Operator: At this time, I would like to welcome everyone to today's Medicare Learning Network® event. 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 & Introduction

Aryeh Langer: Thank you very much, Dorothy.

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 Medicare Learning Network call on Physician Quality Reporting System or PQRS. Today's call will focus on feedback reports and informal review process for payment year 2016 results.

Before we get started today, you received a link to the presentation in your confirmation email. The presentation is available at the following URL – go.cms.gov/npc. Again, that URL is go.cms.gov/npc.

This Medicare Learning Network call is being evaluated by CMS for CME and CEU continuing education credit. For additional information, please refer to slide 29 of today's presentation for a link to the CE activity information and instructions document.

At this time, I would like to turn the call over to Bobby Harris from CMS.


Presentation

Bobby Harris: Hello, I'm Bobby Harris. I am the PQRS Informal Review Lead for CCSQ Quality Measurement and Value-Based Incentives Group, Division of Electronic and Clinician Quality. So let's dive in and talk about the PQRS downward payment adjustment.

PQRS Downward Payment Adjustment

Slide 5. PQRS applies a downward 2-percent payment adjustment to 2018 payments under the Medicare Physician Fee Schedule to individual EPs and PQRS group practices who did not satisfactorily report PQRS data in 2016.

Next slide. Individual EPs and PQRS group practices must have successfully reported for 2016 PQRS to avoid the payment adjustment. As you recall, in July 2017 CMS issued the calendar year 2018 Medicare PFS Fee for Service – Physician Fee Service proposed rule, which also includes a proposal that would reduce the number of measures that must be satisfactorily reported for the 2016 PQRS to void the 2018 downward payment adjustment. The proposal would change the current 2016 PQRS program policy that requires reporting of nine measures across three National Quality Strategy domains to only require reporting of six measures with no domain requirement.



The public comment period for this proposed rule closed on September 11th, 2017. We are currently reviewing public comments and intend to issue a final rule later this year. Although we are still in rulemaking, we have accounted for these proposed policies in the PQRS feedback reports and the payment adjustment letters that you will be hearing more about today.

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 downward payment adjustment. The PQRS feedback reports that are recently – that were recently issued to each TIN-NPI combination that reported PQRS data in 2016 reflect the proposed policy change for 2016 in the Summary page of the report.

Payment adjustment letters will be sent out soon and later in this year. If you receive a payment adjustment letter, you will see the following statement – “Our records show that you did not meet the 2016 quality measures reporting criteria finalized in the calendar year 2016 Medicare Physician Fee Schedule final rule nor did you meet the proposed more lenient criteria outlined in the calendar year 2018 Medicare PFS proposed rule. These criteria were proposed to cover the 2016 reporting period and help clinicians avoid the 2018 PQRS downward payment adjustment. If these criteria are not finalized as proposed, we will issue a revised letter.”

Now, I’m going to pass the presentation on to Ashley Burrell.

PQRS Feedback Reports

Ashley Burrell: Thank you, Bobby.


I am Ashley Burrell from the – a PQRS subject matter expert and Communications and Correspondence Task Lead for the Physician Quality Programs Management and Implementation, PQPMI, contract team at NewWave Technologies. For this portion of the presentation, we are going to discuss the PQRS feedback reports.

Slide 8. Individual EPs and PQRS group practices will receive feedback reports each year. Remember, 2016 program participation affects payments in 2018. 2016 was the last program year for PQRS. So this is the last year CMS will issue PQRS feedback reports. And they are now available as of September 18th. PQRS transitioned to the Merit-Based Incentive Payment System under the Quality Payment Program. Please visit the website in the Notes section for more information.

2016 annual QRURs became available this month as well 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 2016 PQRS feedback reports.

Next slide. A report will be generated for each TIN and NPI combination if one of the following scenarios apply:

- Individual EPs or PQRS group practices submitted PQRS quality data through one of the approved reporting mechanisms.
- EPs submitted Medicare PFS claims that included denominator-eligible instances but did not submit PQRS quality data.



There are two types of the 2016 PQRS feedback reports available. The PQRS Payment Adjustment Feedback Report: This PQRS payment adjustment feedback report provides payment adjustment information at the Medicare TIN level with individual-level reporting by NPI for each EP who reported quality measures data under the TIN for services furnished during the reporting period January 1st, 2016, to December 31st, 2016. And the PQRS Payment Adjustment Measure Performance Detail Report: This PQRS Payment Adjustment Measure Performance Detail Report provides NPI-level performance information for an EP who reported quality measures data during the reporting period of January 1st, 2016 to December 31st, 2016.

The next slide, slide 10, we walk you through how to access these feedback reports.

To access your PQRS feedback reports, PQRS participants and their staff will need an Enterprise Identity Management, or EIDM, account, which can be accessed from the CMS Enterprise Portal. In this slide, there's a screenshot of the portal with an arrow pointing to the link to register for an EIDM account as a new user. It's 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 available.

Slide 11. Once you register for an EIDM account, first, you will log in to the CMS Enterprise Portal. Then, select "Login to CMS Secure Portal" and accept the terms and conditions. Then you will enter your EIDM ID and password. Next, select the PV-PQRS tab and the Feedback Reports option as shown in the screenshot. Access to the feedback reports requires multifactor authentication.


On slide 12, you will see that CMS offers multiple resources to assist you, including the quick reference guides located under the Sign In icon on the Physician and Other Health Care Professionals Quality Reporting Portal – different than the CMS Enterprise Portal – and information on the QRUR webpage.

On slide 13, we will discuss updates to the 2016 PQRS feedback reports for individual EPs, which are now available.

The list of enhancements to the report include adding an introductory or cover page called "About This Report," splitting out a table into two tabs for readability, adding additional columns and hover-over capability as well as fine tuning the terminology conventions. These reports will include information about whether an individual EP satisfactorily reported. In addition, the reports will include a payment adjustment assessment status on the Adjustment Summary tab, which is based on the proposed policy change.

As mentioned earlier in the call, CMS proposed to reduce the number of measures needed to satisfactorily report and avoid the 2018 downward payment adjustment. The proposal would change the current 2016 PQRS program policy in the Medicare PFS that requires reporting of nine measures across three NQF domains to only require the reporting of six measures with no domain or cross-setting measure requirement. If fewer than six measures apply, then EPs would be required to report on each measure that is applicable. "Applicable" is defined as the measures that are relevant to an eligible professional's services or care rendered.

Check out the About Policy Change section of the 2016 PQRS feedback reports for more information. Provider-level reporting, mechanism-level, and measure-level data are also provided in these reports. The reporting rate and available supporting data elements for the Measure Applicability Validation, or MAV, process



will be reported as well. MAV eligibility, notes, and other satisfactory reporting criteria addendum notes are included in the reports as well.

Slide 14. Reports for group practices participating in the PQRS GPRO include use of criteria to determine satisfactory reporting at the appropriate data level. These reports include information for all providers in the PQRS group practice and their payment adjustment status. Reporting mechanism data and performance – measure performance detail will be provided for GPRO Registry, GPRO Qualified Clinical Data Registry, QCDR, and GPRO EHR submissions. Please note that the measure performance detail data for Web Interface submissions will not be reported here but will be included in the 2016 QRURs.

And, now, we'll transition back to Bobby Harris for a discussion on informal review.

PQRS Informal Review

Bobby Harris: Okay. Thank you, Ashley.

Let's discuss informal review process.


Slide 16. The informal review process allows individual EPs, 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 request. CMS will reverse the application of the PQRS payment adjustment if and only if the determination is made that satisfactory reporting was achieved. Note that this is not an immediate adjustment. It may take several weeks to receive the reversal.

The information on this slide describes the PQRS informal review process only and does not apply to the Value Modifier informal review process. Let me repeat that again. The information on this slide describes the PQRS informal review process only and does not apply to the Value Modifier informal review process.

Slide 17. 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, I will share where the request should be submitted. Then, I will describe how to submit the request.

Slide 18. If you believe you received a 2018 downward PQRS payment adjustment in error, you can submit an informal review request. Remember, the Payment Adjustment Summary tab shows, based on the proposed policy change, if you are subject to the 2018 adjustment. Individual EPs or support staff will need to submit a request for an informal review for each NPI/TIN which submitted 2016 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 2016 PQRS data was submitted. Please note the informal review decision will be final and there will be no further review. Let me say that again. Please note the informal review decision will be final and there will be no further review.

Slide 19. To submit the informal review request, go to the Quality Reporting Communication Support page, which is available September 18th through December 1st, 2017. A screenshot of the CSP and the link for



informal review are highlighted on this slide. All informal review requests must be submitted electronically through the Communication Support Page.

FAQs

Slide 20. CMS will announce the availability of the Communication Support Page through the MLN Connects, the PQRS listserv, and other CMS listservs. Complete the mandatory fields in the online form for the request to be deemed valid. CMS or the QualityNet help desk may contact the requester for additional information if necessary. For detailed information about submitting an informal review request, please refer to the “2016 Physician Quality Reporting System (PQRS) 2018 Downward Payment Adjustment Informal Review Made Simple” on the PQRS Payment Adjustment Information webpage. The “Informal Review Made Simple” document is posted on the CMS website timed with the availability of the feedback reports.

Slide 21. The following are the top PQRS feedback reports and informal review-related frequently asked questions that you may find helpful while considering an informal review.

Slide 22. A common question is, what roles are needed to access PQRS feedback reports? Please see the below roles.

Another common question participants ask is whether or not an EIDM account is required to file a PQRS informal review request. The answer is no.

Slide 23. Participants also want to know how long the informal review process takes once they submit their request and when will they receive a notification. The appropriate time for completing the processing and notifying the EP or PQRS group practice via email is up to 90 days. Again, the appropriate time for completing and processing and notifying the EP or PQRS group practice via email is up to 90 days.

Next slide, slide 24. Now, we'll move on to our Q&A section.

Question & Answer Session


Aryeh Langer: Okay. Thank you very much, Bobby.

We will now take your questions. As a reminder, this event is being recorded and transcribed.

Dorothy, we are ready to take our first caller, please.

Operator: To ask a question, press star followed by the number one on your touch-tone phone. To remove yourself from the queue, press the pound key. Remember to pick up your handset before asking your question to assure clarity. Once your line is open, state your name and organization.

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. If you have more than one question, press star, one to get back into the queue, and we will address additional questions as time permits.



Please hold while we compile the Q&A roster. Please hold while we compile the Q&A roster.

Your first question comes from the line of Laura Kaufman.

Lori Kaufman: Hi. Lori Kaufman, Retina Care Specialists. My question is, last year one of my physicians accessed the PQRS feedback report. However, the formatting of the report basically was like on a legal format. Has that been corrected this year so we can view the whole report without characters being dropped off?

Bobby Harris: Yes, I think we have corrected that this year. This is Bobby Harris from CMS. I do think we have corrected that so that we don't have that same issue this year.

Operator: Your next question comes from the line of Cynthia Koreman.

Cynthia Koreman: Thanks. You mentioned that the Value Modifier is not part of the appeal if a practice submits an appeal. How do adjustments happen – how do adjustments get reversed on the Value Modifier program if there was an error in – if the appeal on the PQRS side is reversed?

Bobby Harris: So, thank you for your question, Cynthia. This is Bobby again from CMS. Are you asking does the PQRS decision affect the VM decision?


Cynthia Koreman: Yes. So, in other words, if the practice gets a letter saying that they failed PQRS, that's going to cause a Value Modifier downward adjustment for them. So if they appeal on the PQRS failure, how do they also appeal on the Value Modifier downward adjustment?

Bobby Harris: Okay. Great question. Part of what you would have seen on the Communication Support Page is there are two elections. You have an election for an informal review for PQRS and you have an election for an informal review for the VM. So I would highly suggest that you file a selection for both programs – the PQRS program and the VM program – so that if one is adjusted, there is a potential that the other may be adjusted also. But, you want to have the IR in in both programs in case.

Operator: Your next question comes from the line of Susan Donovan.

Susan Donovan: Hi. This is Susan, and I am from Emergency Medicine Specialties. You mentioned that there was a 90-day appeal timeframe. It looks as though from your slide that the letters went out to the individual providers on September the 18th through December 1st, or to be sent through December 1st. So if a provider has received the letter on September 18th up until today, which is the 26th, the clock is already ticking. Or is it 90 days from December 1st?

Bobby Harris: Okay. So thank you, Susan. This is Bobby again from CMS. The payment adjustment letters have not went out yet. But they should be getting mailed very soon. An informal review starts from the day in which you submit your informal review. So if you were to submit your informal review today, today being the 26th, you would have 90 days from today for us to adjudicate that informal review. So that would move with whenever you submitted your informal review.



The challenge, though, is we have a short period of when you can submit an informal review. So you will definitely get the 90 days to adjudicate your informal review regardless of when you submit it as long as it's within the timeframe of the informal review period.

Operator: Your next question comes from the line of Alena Galitskaya.

Alena Galitskaya: For those of us that have never seen one of these reports, is there a place where we could see a mock report or a place that would tell us how to read the report?

Bobby Harris: Marilyn, do you know – from QNet, do you know if there is a place for them to see a mock report?

Marilyn Sherwood: Bobby, this is Marilyn. Thank you. I believe in the PQRS User Guide, there are sample reports. There's – I know there are. There are sample reports in the PQRS Report User Guide. So you'd be able to see them that way.

Bobby Harris: Does that answer your question?

All right. I think so.

Kim Sullivan: Hi, Bobby. This is Kim Sullivan, also from PQPMI. Maybe we just go one step further and let them know how to find the user guide. It is on the cms.gov website under PQRS. And, then, I believe it's on the Analysis and Payments section. There's also a notice in the Spotlight section that will direct you to the respective page. But, to see all – if that wasn't quite clear – so there's lots of resources out there as well.

Bobby Harris: Great. Thanks, Kim.


Operator: Your next question comes from the line of Kendra Garcia.

Kendra Garcia: Hi. This is Kendra. My question is, well, I have my feedback report in front of me. I printed it out. So I have a feedback report and a performance detail report. On my feedback report, I'm noticing that it says we are not going to be subject to the adjustment, which is great. But it does say that we were removed from the 2018 payment adjustment as a result of a CMS review of our 2016 PQRS data.

That leads me to believe that we – something didn't quite go right. And I'm just wondering what that means exactly.

Bobby Harris: Okay. Thank you, Kendra. Without looking at your feedback report, I couldn't give you that detail. But you could contact the QualityNet and they can pull up your feedback report with you and kind of give you a better indicator of what happened or what the reasons were that you were removed. Unfortunately, I don't have that information in front of me right now.

So you can call them. It's on slide 27 of the presentation. And there is a 1-866 number that you can call. Does that help, Kendra?



Kendra Garcia: Based on looking at my detail report, which two measures say they were not satisfactorily reported...

Bobby Harris: Yes.

Kendra Garcia: But, I don't know how to read the report to understand. You know, it gives me the reporting denominator and the – you know, all that good stuff, and my overall reporting. But, that – I guess that's the hard part. It's to read this detailed report and understand what you're reading. So, you're saying...

Bobby Harris: Okay.

Kendra Garcia: ... just call them and they can walk me through it.

Bobby Harris: Yes. They'll walk you through it, and they'll show you and give you some other information as – while you're on the phone, they can help you.

Kendra Garcia: Okay. Thanks.

Bobby Harris: You're welcome.

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

Jason Schropshire: Hi. Can you hear me?

Aryeh Langer: Yes, sir.


Jason Schropshire: And, so, I have a few questions. I'll start with the easy one first. Where can I get a copy of this letter that's going out? I represent a large academic medical group, and they're going to – physicians are going to receive this and have no idea what this is about. So I need to provide some communications around, you know, this letter and what it really means. So I'd like to get a copy, I guess, of what the format and the general language is.

Bobby Harris: Okay. What's your second question?

Jason Schropshire: So, my second question is – so I know that in the QRUR that was released, they're going by the recently released proposed rule and saying that groups and providers who – as long as they reported PQRS, they are not going to be subject to a downward payment adjustment. So – however, I know that's based on the proposed rule. I guess I'm just looking for some feedback or, you know, will that likely be reversed come the final rule or do you know any more information at this point?

Bobby Harris: Kim, can you answer the QRUR question?

Wilfredo Lim: Hi. This is Wilfredo Lim from the Value Modifier. We would recommend for that policy question to submit that question to the PV help desk.



Bobby Harris: And, Jason, for your first question, we generally don't send out copies of our letter for kind of general review. If you have some questions that you kind of want to have us look at or maybe provide some answers for you, you can email me. And I'll give you my email address. Or it might be on the slides.

Marilyn Sherwood: Bobby, this is Marilyn. If you'd like – if you submit a QualityNet help desk ticket, and they assign it over to our Tier 2 team, we can get with you on those questions.

Bobby Harris: Yes. I'm going to give him the email address that's on slide 27. So, Jason, it is qnetssupport@hcqis.org. And they can provide you with the information, I think, that you're looking for.

Operator: Your next question...

Bobby Harris: Did you get that, Jason?

Operator: ...your line is open.

Bobby Harris: Thank you very much.

Operator: Your next question comes from the line of Lori Johnson.

Lori Johnson: Hi. My question is, which providers are subject to the adjustments? Is that providers only or other practitioners such as nurse practitioners?

Bobby Harris: Well, both potentially can be subject. So, I think the different scenarios may determine some of that.

Operator: Your next question...

Marilyn Sherwood: Sorry. This is Marilyn Sherwood again.


Lori Johnson: Can you give me an example?

Marilyn Sherwood: This is Marilyn Sherwood again. I was just going to add on to what Bobby's saying. On the CMS website at pqr.gov, there is a list of eligible professionals there that shows all the different types of credentials that can be subject.

And, Kim, would you mind – I know you're really good about the link location exactly. Would you mind adding to that?

Kim Sullivan: You caught me off-guard. I was just scrambling trying to look for it.

Marilyn Sherwood: Well, you do go to www.cms.gov and you put a `/pqr` behind it. And in the 2016 PQRS link, there is a place in there for eligible professionals and you can see the list of eligible professionals.



Kim Sullivan: Yes, Marilyn. You're totally right. The list of eligible professionals is a download available at the very bottom of that Physician Quality Reporting System page. So, it's the first navigation item on the upper left on that site, right before Spotlight.

Marilyn Sherwood: Thank you. Does that help you?

Lori Johnson: Yes. Thank you.

Marilyn Sherwood: You're welcome.

Operator: Your next question comes from the line of Gloria Johnston.

Gloria Johnston: Hi. This is Gloria Johnston, and I'm with HealthAdvanta. My question pertains to the MAV process for claims submission. I'm familiar with the MAV process as it relates to registry submission but not sure how to tackle it from a claims basis. Specifically, optometrists who reported measure 117, which is in a MAV claims, MAV cluster number 2 for diabetic care, which includes diabetes A1C and BMI. Neither the A1C nor the BMI have the ophthalmology exam codes as part of the denominator definition. So, in theory, they don't apply. Would we just submit an informal review for consideration or was there another mechanism that was supposed to be addressed during claims submission?

Bobby Harris: Thank you for your question, Gloria. I would really suggest that you contact the QualityNet help desk to work through that question, especially concerning the MAV process. So you can get their information on slide 27 also.

Gloria Johnston: Okay. Thank you. And then, if we think that there was an error as posted on the QRUR report – specifically, we have a client whose QRUR shows in table 7 that all of the providers successfully reported PQRS. But when you look at the summary table at the top of table 7, it says zero out of X number of providers successfully reported. But when you look at the detail level, every provider has a “Yes” under, you know, “Successfully reported their PQRS.” And as a result of that, they are also getting the Value-Based Modifier downward adjustment. So again, would that be applying for both the PQRS as well as a Value-Based Modifier informal review?


Bobby Harris: No. I would submit a Value-Based Modifier informal review.

Gloria Johnston: Thank you.

Bobby Harris: All right. Thank you.

Operator: Your next question comes from the line of Lucy Marini.

Lucy Marini: Hi. Good afternoon. Thank you for taking my call. I also have downloaded the PQRS report. But we do have some questions even though it does show that we are not subject to the payment adjustment. And the questions are surrounding the provider type specialty that they have reported for us, which we have correctly inputted into the PECOS system and a column that talks about the – whether we are eligible for the payment adjustment to begin with and whether we are eligible for the adjustment due to the specialty. Those



categories do not seem to be consistent across our NPI base. We are a urology practice. So all of our doctors are urology specialists, and we do have one anatomical pathology doctor and one PA. So my assumption would be that we are not subjected to the adjustment, would not get that letter, which I assume is only going out to those providers who are going to get the adjustment. But I'm confused about what some of these other columns mean and why they are there.

Bobby Harris: Okay. Thank you. I think the best course of action for you would probably be to talk with our QualityNet help desk because they have analysts there that can walk you through the feedback report and kind of explain to you why it was annotated a certain way and explain to you the different columns and specialty identify – specialty identifiers on your feedback report. So on slide 27, it has the information for the QualityNet help desk. I would reach out to them, and they can walk you through that.

Operator: Your next question comes from the line of Boni Shok.

Boni Shok: Hello. I'm at UCLA. We are a large health system. And we submit our quality reporting as an MSSP ACO. We have an ACO TIN. And underneath that, we have 38 participant TINs. All of the participant TINs are billing entities of departments where the physicians are employed here at UCLA.


I, as the application contact and security contact for the MSSP, would like to download the QRUR reports for each of the participant TINs, because there are 38 of them. And I've been having trouble finding a way to do that. I've called CMS several times. They've tried to walk me through how to do it, and it never is accepted or goes through. One of my CMS reps said that the ACO itself cannot download the reports, that only TIN participants can. But is there a way that either I or someone on the ACO – on our internal staff – because we have a huge staff – could do this as opposed to having each individual TIN have to find someone to go in and get their report?

Bobby Harris: Marilyn, do you have an answer?

Marilyn Sherwood: Thank you, Bobby.

So how it works for a feedback report is you do have to be authorized for the TIN in question to download reports. I'm not sure if you are or not. Our Tier 1 QualityNet help desk does have everything to view, you know, and look at things and assist you. For example, if, let's say, TIN A – that's a participant TIN A – says, "You know what? I'm okay with you downloading my report, so here's the information you need to register for an EIDM account," then if you two have it between you that that's acceptable, you can register for an EIDM account for that participant TIN. But if not, then you can't register for that and it does have to come from the participant TIN.

So, I guess my advice would be to first speak with your participants TINs about it and then, second – then, the next step would be to go to the QualityNet help desk contact information on slide 27. And they will be glad to assist you to do any registering that you need. I always understood that the umbrella TIN could not get access to those reports. It had to be the participant TINs who got the access. But they should be able to get that and even email you a copy of the report as well – the participant TIN should. Does that help?



Boni Shok: Does there have to be both a security official and a user for each TIN or could one person be the security official and then have a user from each participant TIN?

Marilyn Sherwood: So, the – it depends. It depends on the setup of the practice itself. However, I am fairly confident that it is the participant TIN that's the only one that's allowed to access it. But they can email you the report. And, also, there is on the PQRS portal ...

Boni Shok: Could the administrative staff at – I'm sorry. Go ahead.

Marilyn Sherwood: Well, there is – there are options, too. There are user guides to register for these accounts that are located on the PQRS portal to where you don't have to have assistance with registering. I was just saying if you do need assistance, Tier 1 QualityNet help desk would be able to assist you.

Boni Shok: Oh right. Yes. I know how to get the user account. But what I was wondering is, can administrative staff at UCLA do this on behalf of a TIN? Because, again, all these TINs are departments here at UCLA, you know, like radiology, neurology. So can the central administrative staff do this or must it be done by someone who actually is a member – a provider who bills to that TIN?

Marilyn Sherwood: So, in the past, we've had, you know, other folks – you know, if – I want to word this carefully. If, for example, I'm not an employee of this practice, but I come in to assist them in some way and, thus, they've authorized me to represent them, then we have agreement between us. I would be able to get an account under that practice and represent them.

Boni Shok: Okay. And that would just require maybe a letter of authorization on – from the TIN to someone in the central administration?


Marilyn Sherwood: No. It would require – it wouldn't necessarily require a letter. I don't believe EIDM accounts require that. It's just, for example, I'm not going to know all the information I need to give for my EIDM registration if I'm not a true authorized representative. Anything I need I need to be able to get from that organization for that account, have that agreement with them between us. You would want to have an agreement with them, you know, in contract somewhere between you so that you're covered sort of in other ways.

But for the EIDM account itself, they're counting on the fact that you have that because you have the information they need such as – I don't even know if they ask for this anymore, but they used to ask for a CP 575 for registration. You know, you wouldn't have access to the things they need or the information if you weren't actually authorized by that organization to register. Does that make sense?

Boni Shok: Yes, it does. Yes. Thank you so much, Marilyn.

Marilyn Sherwood: Okay. Thank you.

Operator: Your next question comes from the line of Steve Lumley.



Steve Lumley: Yes. Hi there. This is Steve. I'm with Western Anesthesiology. We're a group of over a hundred providers. I'm currently looking at our 2016 QRUR report, and it's broken down by TIN. Now, all of our providers use the same TIN. And I'm happy to see here that it looks like we're going to get a neutral adjustment for 2018 in our Value Modifier, which is great.

But my question for you is, we submitted all of our data for – the PQRS data for 2016 as individuals, say, group of submission wasn't available to us through our registry that we were working with at the time. Do I have to go in and check each individual NPI for every provider to see if any of them individually are going to be subject to the 2-percent adjustment? Or can I assume that when it says for the entire TIN neutral adjustment, all of our people are going to get a neutral adjustment?

Bobby Harris: Brian, you on?

Brian Warren: Yes, sir. Bobby, can you hear me?

Bobby Harris: Yes, I can hear you fine. Can you help Steve?

Brian Warren: Okay. Yes, so the QRUR, they're in reference to the Value Modifier, which is viewed at the TIN level. So, you know, moving forward from that, you would want to view your PQRS feedback reports to view how each individual NPI reported to see if there is going to be a PQRS payment adjustment for an individual NPI or not.

Operator: Thank you. Your next question comes from the line of Charleen Ryan.


Charleen Ryan: Hi. I'm calling in reference to the informal review process. I think it's 2015. We had sent in a few of the informal reviews on, I would say about half of our providers. And the majority of them were denied. And, yet, being that that's the last step and you have no recourse after you file that informal review, you have no way of knowing how Medicare came to their conclusion. So is there any suggestion on how not to run into that problem or how we find out even what we did do wrong to have corrected that?

Bobby Harris: Go ahead, Brian.

Brian Warren: Yes. Thank you for your question. If you're looking for further explanation in regards to a decision on an informal review, we would ask that you open up a help desk ticket with the QualityNet help desk referencing those informal review numbers. At that point, you'll get in touch with those folks that are, you know, detailed in the process of informal reviews to go over those for you.

Operator: Your next question comes from the line of Patrick Dahl.

Patrick Dahl: Hi. I downloaded the PQRS and QRUR reports last Friday. I find them kind of confusing. And when I called the QualityNet help desk yesterday and today, an automatic recorded message states that they are aware of problems with the PQRS and QRUR reports and that engineers are working on resolving that problem. Has that – what problem exists, and when will it be resolved? Because I find my reports very confusing and difficult to interpret.



Bobby Harris: Well, thanks for your question, Patrick. I haven't had that report here at CMS about an issue with the reports at this point. The latest report that we got from our help desk was that the feedback reports and QRURs were fine. So, I would try one more time. Are you sure you're dialing the correct number? I would just double check that with what's on slide 27.

Patrick Dahl: Okay. So...

Bobby Harris: Yes. And if you...

Marilyn Sherwood: And this is – sorry.

Bobby Harris: Sorry. Go ahead, Marilyn.

Marilyn Sherwood: Thank you. I just – I'm wondering – I think you're saying that was a front-end message when you contacted...

Patrick Dahl: Yes.

Marilyn Sherwood: ...Tier 1. So if that was the case, go ahead and press the prompts to get into a customer service representative and just go ahead and submit your questions about it, because we can get you the assistance you need to understand those reports.

Patrick Dahl: Okay. Thank you.

Marilyn Sherwood: I'm wondering if that message didn't have something to do with maybe a little login issue or something they had rather than the actual content of the report. But I can't speak to that definitely because I, like you, Bobby, haven't heard about that before this minute.

Patrick Dahl: Yes. If you – the phone number I dialed was 866-288-8292, which is slightly different than what was on page 27. But, it did say...


Marilyn Sherwood: Yes. That is a different number. Okay. That is a – that's for a different program. That is the MIPS program. So, that's probably why. So, 866-288-8912 will get you what you need.

Patrick Dahl: Okay. Thank you.

Marilyn Sherwood: Thank you.

Operator: Your next question comes from the line of Margaret Merica.

Margaret Merica: Hi. Yes. I found this report to be very difficult to read, just as the caller ahead of me said. And I guess I was under the impression that this conference call today was to explain more in detail each column and what it exactly entails and to better – to give us a better overview of the report itself.



Bobby Harris: Yes. I would suggest that you call the QualityNet help desk. They can kind of give you some one-on-one help. And that number is 1-866-288-8912. And they can kind of walk you through the report that you printed out and explain the columns to you in detail. And they have a customer rep there that can help you out.

Margaret Merica: The other question I had is on the Payment Adjustment Summary page for the payment adjustment assessment rationale. You had said in an earlier question that these reports were printing correctly. They are still not printing correctly. They're cut off. I just printed mine recently, and the end of it was cut off. So I'm reading most of it, but the end was cut off.

Bobby Harris: Okay. We can double back on that and see if there is a glitch in the system or not. We can see if we can assist with that. Thank you for letting us know.

Margaret Merica: Okay.

Kim Sullivan: Hi, Bobby. This is Kim Sullivan. We did get a message from Presumps that are some printing tips or tips for printing in the Quick Reference Guide for accessing PQRS feedback reports. And, of course, now I can't find that message. I believe he said it was on page 22. And then, also, just remember there's a resource, a Feedback Report – PQRS Feedback Report User Guide also has column definitions and helps explain some of the terminology and meanings and just representation of the data in there. So maybe check that out first. If you still have questions, the QualityNet help desk will be great at helping you out as well.

Jennifer Stephen-Ogbe: Hi, Kim. This is Jennifer from the help desk as well. I'd like to add that the user may also download the report. The reports are downloadable, either in Excel or PDF as opposed to printing, because that may be another issue. That is the reason why the reports are cutting off. Thank you.

Operator: As a reminder, if you would like to ask a question, please press star, then the number one on your telephone keypad. To withdraw your question, press the pound key.

Your next question comes from the line of Michelle Smith.

Michelle Smith: Hi. Thank you for taking my call. I actually have two questions. In the presentation, you indicated that in July, the decisions to – CMS made was going from the nine measures to the six. And so my first question is, how did they determine which six measures they kind of graded us on? We're a specialty, a dermatology group. And so we do have variation in practice styles, and one's a surgeon. And so I just didn't know how they selected the six of the nine.

And then, my second question is – this references the previous caller. And we submitted as individuals through the TIN because our registry took it that way. And you indicated that although we came out as neutral as a TIN, we should look at the individual PQRS reports by NPI. And I wasn't sure how I retrieve those.

Bobby Harris: Okay. Thank you, Michelle, for that.

Marilyn, can you answer the second question about how she can retrieve the individual reports?



Marilyn Sherwood: Yes. The individual PQRS feedback reports?

Bobby Harris: Yes.

Michelle Smith: Yes.

Marilyn Sherwood: Yes. There is information on the PQRS portal, which is the qualitynet.gov portal with the Physician Quality Reporting System link on how to register if you don't already have an EIDM account. However, the QualityNet help desk can assist you manually and just one-on-one and walk you through everything you need to register for the account and get access to the report, or if you already have an account, assist you with getting into that account.

Michelle Smith: And so, would that report tell me if each individual came out neutral or not on – is that what that's supposed to tell me?

Marilyn Sherwood: Came out neutral for the PQRS payment adjustment?

Michelle Smith: Right. Because the TIN on the report that I retrieved on that major report – our TIN came out as neutral. So we – we're – we have no adjustment. But then, someone had said earlier, well you have to go in to see the individual PQRS reports by NPI...

Marilyn Sherwood: Okay.

Michelle Smith: ... if you really have – if individuals have an adjustment.

Marilyn Sherwood: Okay. Okay, yes. That's what we were talking about earlier. The QRUR reports are showing you your Value Modifier adjustment. The PQRS feedback reports show you all the different individual NPIs in the practice and whether – how they came out with the PQRS program. Yes, it will show you that for every provider.

Michelle Smith: I see. Okay. Thank you.


Operator: And your next...

Bobby Harris: Jennifer, would you want to answer about the specialty question for derm – the nine measures versus six measures? Are you there, Jennifer?

Marilyn Sherwood: I can speak to it if you'd like, Bobby.

Bobby Harris: Okay. Go ahead, Marilyn.

Marilyn Sherwood: Okay. I was just going to explain that – so, it's not going to be a matter of – let's say you reported nine measures across three domains and let's just pretend for a minute that eight of those were satisfactory. Then, what that tells the measures engine is you passed because you had at least six measures reported satisfactorily. So we're not going to pick and choose out of the measures in that sense for PQRS. All



of the measures are there. All of the measures' quality and all of that is there. And we are just making sure that instead of you had at least nine measures across three domains that you had at least six measures – and there is no domain requirement – that were actually reported satisfactorily.

Does that help? Is her line is still open.

Michelle Smith: Yes. I'm done. Thank you.

Marilyn Sherwood: Okay. Thank you.

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

Rosenberg: Okay. I'm having problems understanding how to read the QRUR reports. Where do I get a written explanation that can clarify everything in layman terms?

Bobby Harris: For your QRUR reports?

Rosenberg: Yes.

Bobby Harris: Kim, are you there?

Rosenberg: It's very difficult to understand.

Kim Sullivan: I am here, Bobby. I believe probably the best resource would be to go, again, to the cms.gov website. And then there's a physician value or Value Modifier page that I am trying to find very quickly. And we may also have it on a slide as well. Or if you're not into surfing the Web and looking for resources, as I'm struggling to find the correct place to point you to, maybe just call the Physician Value help desk for help.

Bobby Harris: It's on slide 27, Kim.

Kim Sullivan: Yes. Sorry. I'm not – I have too many screens open. Slide 27, yes. And I think we really just need to step back just a little bit and clarify. Again, this call is on the PQRS feedback reports and not necessarily the QRURs. The QRURs did come out at the same time, and their informal review timeframe is the same as well. But I'm just not sure we can answer the detailed QRUR questions on this call.

But we're definitely happy to find the right place to direct you to. So...

Rosenberg: I do see the information on page 27 of the presentation. It's just that I – yes.

Bobby Harris: Also, Ms. Rosenberg, there's a link also for the CMS Value Modifier website on slide 26.

Rosenberg: Okay. All right. Thank you. I will try to make sense out of that.

Bobby Harris: All right. Thank you, ma'am.

Operator: Your next question comes from the line of Michele Dettmann.

Michele Dettmann: Good afternoon. We are a critical access hospital that uses the Medicare Part B method two billing. And we are seeing – in 2017, we are starting to see a payment reduction to the hospital for those physicians that in 2015 and 2016 we were not billing for. Is there any appeal that we can do for that?

Bobby Harris: So, can you restate the first part of your question again? I kind of missed that.

Michele Dettmann: Yes. We're – we are a critical access hospital, and we bill the Medicare Part B using the method two. And in 2015 and 2016, those physicians – we were not billing for physicians, but now we're seeing in 2017 that there is a reduction to the hospital for those physicians. And we're not sure that that should be, you know, a reduction for us because those physicians we were not billing for in those years.

Bobby Harris: Yes. I would call the help desk. You've heard us talk about it on this call. And I'd put in a help desk ticket and give them...

Michele Dettmann: I...

Bobby Harris: Pardon me.

Michele Dettmann: I have done that already. I have done that already.

Bobby Harris: Okay.

Michele Dettmann: And put in a ticket for it. And they basically advised us just to go ahead and do the appeal for that.

Bobby Harris: Okay. And have you done that yet?

Michele Dettmann: No, we have not. We were waiting for this call, and then we were going to move forward for that. I just wanted to make sure as a critical access hospital we were able to do that.

Bobby Harris: Yes. Go ahead and give us – and submit the appeal...


Michele Dettmann: Okay.

Bobby Harris: ...the informal review. And then we'll get back to you. Thank you so much.

Michele Dettmann: Great.

Jennifer Stephen-Ogbe: Hi, Bobby. This is Jennifer from the help desk. I'd like to add a little bit more information.

Bobby Harris: Okay.



Jennifer Stephen-Ogbe: So for the program year 2015, which is for 2017 payment adjustment, the informal review process for that period is over. But I'd like to ask the caller if you do have a help desk ticket number handy, I'll be more than happy to look into it and, you know, investigate further for you. For 2016 program year, which is 2018 payment adjustment, please, as Bobby has advised, go ahead and submit an informal review. I'm more than happy to investigate that for you as well.

So to my question, do you have a help desk ticket number handy for us to investigate on your behalf for 2015–2017 payment adjustment?

Michele Dettmann: Yes, I do.

Jennifer Stephen-Ogbe: Okay. I'm ready to take that number.

Michele Dettmann: Okay. Is it the incident number?

Jennifer Stephen-Ogbe: Yes, ma'am.

Michele Dettmann: INC000001924000.

Jennifer Stephen-Ogbe: Great. Thank you very much. We'll be in touch with you. Thank you.

Operator: Your next question comes from the line of Suzanne DeVore.

Suzanne DeVore: Hello. I have a question. Is there a way to learn how to read EOBs that come when our providers have done a service? And, then, I'm trying to backtrack and recalculate all those different payment adjustments that have happened to a charge. You know, I can – I think I can do algebra, but I can't figure it out. Do they – do the different payment modifiers apply one after the other? Is there instructions on how to read the EOB?

Bobby Harris: Marilyn, do you know? I think we probably have to call to help desk to find out – to get some information about reading the EOB.

Marilyn Sherwood: Thanks, Bobby. To read the EOB itself, I would actually have a conversation with the Medicare Administrative Contractor because they're going to help you to read your EOB. However, we can help you on the QualityNet help desk if you call. We try to walk you through the best we can and have you look for certain remark codes, and we can help you discern those adjustments as well...

Suzanne DeVore: Yes. Because I ...

Marilyn Sherwood: ...that are marked on the EOB.

Suzanne DeVore: Yes. Because I've tried to talk to my intermediary and they tell me that I need to learn that from CMS. So do you – is there something online that I can read that tells how those are applied or I just need to call and have someone walk me through it?



Bobby Harris: Hey, Suzanne...

Marilyn Sherwood: You call the QualityNet – I'm sorry.

Bobby Harris: Suzanne, who is your Medicare contractor?

Suzanne DeVore: I believe it's Novitas.

Bobby Harris: And have you reached out to Novitas?

Suzanne DeVore: Yes.

Bobby Harris: And they told you that they could not assist?

Suzanne DeVore: No, they're not helpful. You would think since the EOB is coming from them that they could assist. But they can't.

Bobby Harris: Okay.

Marilyn Sherwood: We will be able to help you figure it out.

Suzanne DeVore: Or should I just say it this way? Do they apply in a certain order? Do they apply before sequestration, after sequestration, or it's not that simple?

Marilyn Sherwood: So that part, the carrier or the Medicare contractor definitely...

Bobby Harris: Yes.

Marilyn Sherwood: ...should have that information. If it comes to discerning which you are taking, we have here at the help desk helped before. We can assist you to look for a specific remark code and all the different remark codes for the different programs and sort of at least explain to you which one's PQRS. And we know the Value Modifier and the sequestration, that type of remark code and adjustment.


Suzanne DeVore: Okay. I mean, I can see them there. But it's very hard to calculate what we actually received. And it doesn't seem like it should be that hard.

Bobby Harris: Okay. I think if you call the QualityNet help desk, they can try to help you out with that.

Suzanne DeVore: Thank you.

Bobby Harris: Thank you, Suzanne.

Operator: Your next question comes from the line of Janette Bremer.



Janette Bremer: Hi. My name is Janette. I'm calling from 360care. I'm afraid my question probably isn't appropriate for this call now after listening. Mine is more about the Value Modifier. And, fortunately, our practice has received a positive Value Modifier adjustment of one or two factor. When – do you know when the actual percentage increase to the fee schedule will be posted? Or do I need to contact the QualityNet help desk?

Bobby Harris: Well, you probably need to reach out to the VM side of the house – Value Modifier side of the house.

Janette Bremer: Yes.

Bobby Harris: If you look onto slide 27, we have their information there. And, also, there is access to a website on slide 26. I would reach out to them and get some detailed information from that side of the house.

Janette Bremer: Okay. Yes. I thought that actually was the percentage, like a 1-percent increase or a 2-percent increase. And that is not the case.

Bobby Harris: Yes. I don't want to speculate on this call.

Janette Bremer: ...or more than that. No. Okay. I've already emailed them. Thank you.

Bobby Harris: All right. Thank you, ma'am.

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

Stacy Witt: Hello. This was actually more of a comment rather than a question with everyone who is having trouble with the QRURs. I see that there's an October 19th webinar going over the QRURs. So I just wanted to mention that for those who are having trouble...

Bobby Harris: Thank you.


Stacy Witt: ...reading them. Yes.

Bobby Harris: Thank you so much.

Stacy Witt: Sure.

Operator: Your next question comes from the line of Pam Birdwell.

Pam Birdwell: Good afternoon. I work for a very large academic multispecialty group. We filed out PQRS as a group under our TIN and were successful. We did have a few physicians that had modifiers added to their claims. And so, when we received our PQRS report, it looks like those individuals, although they do bill under our group TIN, on the results said that they did not report enough and that they will receive the penalty. So, I went out to the PQRS informal review request and it just – it's a very simple form that asks the TIN and the individual NPI but does not ask or have a place for explanation. My concern is that if – when they review, they



go out and it is true these individuals did only report a few measures. But since they're a part of the large group, how do I communicate that so that can be reviewed?

Bobby Harris: Marilyn?

Pam Birdwell: Hello?

Bobby Harris: We're here.

Marilyn Sherwood: I apologize. I think I got lost a little bit. I was listening, but I think at the end I got lost a little bit. So I apologize. Would you mind repeating the last part?

Pam Birdwell: Yes. So, we – under our TIN – our group TIN, all of our providers filed PQRS as a group and were successful. A few individual providers that do bill under the same group TIN added some modifiers to some of their claims. When we received our results, it appears that those few individuals – it looks like from the results they're going to receive their penalty.

And so, I looked at the informal review request. There's really not a place to explain. So, does a group supersede individual reporting? And can I file an informal request – but, I don't see a place for an explanation on the request form.

Marilyn Sherwood: So is this practice a registered Group Practice Reporting Option? Is that what you're saying – GPRO?

Pam Birdwell: Yes.


Marilyn Sherwood: Okay. There is a Rationale field regardless of which way you're submitting your informal review. And that's where you put the description. It's there is a Rationale field. Whether you're submitting it as – if you're a registered Group Practice Reporting Option, that's how you registered to report and that's how you reported, then you would submit your informal review as a GPRO. And if you reported as individual providers, you would submit it as an individual.

However, either way, there is a Rationale field that would be used for explaining the situation.

Pam Birdwell: Okay. So, I could...

Marilyn Sherwood: If you're successful under the GPRO, then all NPIs are covered by that.

Pam Birdwell: So, okay. So under the tab Individual Adjustment Detail – and it lists these few providers that, for whatever reason, added modifiers. It says "Successfully reported via reporting mechanism" and it says, "No." I was thinking that they're going to get the penalty. You don't believe since we were successful as a group – that will supersede the group result?



Marilyn Sherwood: You know, all methods are counted. So all methods we are analyzing. So if you're successful on any one of those tabs, you're successful. If you're successful on the GPRO tab, that covers all the NPIs.

Pam Birdwell: I see. Okay. Very good. Thank you.

Marilyn Sherwood: If you're successful on an individual tab, then that's to the individual EP that's successful. Each individual EP is like that separately. I apologize. I thought you were talking about submitting the informal review before.

Operator: Your next question comes from the line of Kathy Pratt.

Aryeh Langer: Kathy, are you there?

Kathy Pratt: Yes. My question was answered. Someone else had that same question. I just didn't know how to get out of the queue.

Operator: Your next question comes from the line of Molly Gilbert.

Molly Gilbert: Hi. Thanks so much for taking my question. I was wondering that, assuming CMS finalizes its scoring policy to reduce the number of PQRS measures required, how does CMS plan to handle any informal review requests that's submitted for penalties that were assessed under the former policy requiring nine measures?

Marilyn Sherwood: Bobby, do you want me to speak to that?

Bobby Harris: Oh, I'm sorry. Yes. Go ahead, Marilyn.

Marilyn Sherwood: If your EP would have been – well, I'll just say this. If your EP is not subject to the payment adjustment right now, then if you – then you won't have a reason to submit an informal review. So if you were removed due to those policies, you've already been removed and you won't need to submit an informal review. If you would attempt to submit an informal review and the system shows that you are not subject to the payment adjustment, it will auto deny your informal review and explain to you that you were on the payment adjustment but you have since been removed.

Molly Gilbert: Okay. Thank you.

Marilyn Sherwood: You're welcome.

Operator: Your next question comes from the line of Dr. Ann Brown.

Aryeh Langer: Dr. Brown, your line is open, although you may be on mute.

Operator: There is no response from Dr. Brown's line.



Dr. Ann Brown: Yes. I'm...

Aryeh Langer: Can we try that again?

Dr. Ann Brown: Are we together now?

Operator: Dr. Brown, your line is open.

Dr. Ann Brown: All right. Hi. It sounds like I'm live now. Sorry about all that. Do we know how CMS is going to replace the QRUR report as PQRS sunsets and MIPS takes it over? And we need to have our cost reports sent out that came in, the QRUR, even though we're not going to be held to that in 2018. It does help to have preparation moving into 2019.

Bobby Harris: Thank you, Ann. Unfortunately, this call is not really geared around how we're going to transition that information at this point. So, hopefully, in the future, we'll have other calls that will address the transitional process for the upcoming MIPS program.

Dr. Ann Brown: Okay. All right. I just didn't know if I'd missed anything. Thank you.

Bobby Harris: No. You're fine. Thank you.

Operator: Your next question comes from the line of JoAnn Pacheco.

JoAnn Pacheco: Hi. I'm in a group practice, and I have the QRUR report. I'm looking at it. And we submitted through the GPRO Web Interface, and it looks like one of the metrics or measures is missing off the report. Is that normal or would it not be included or should I submit an informal review?

Bobby Harris: I would honestly call the PV help desk and ask them what direction you should take. And it's on slide 27. I would give them a quick call and so they can let you know if it's an issue or not.

JoAnn Pacheco: Okay. So, that's the PV help desk I should be calling?

Bobby Harris: Yes, ma'am.


JoAnn Pacheco: Thank you.

Bobby Harris: Thank you.

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

Scott Barrette: Hello. Can you hear me?

Aryeh Langer: Yes, sir. Go ahead.



Scott Barrette: Yes. My call – my question is kind of referring to a previous question regarding critical access hospitals. And we submitted our PQRS data for our critical access hospitals for the method two physicians. And we submitted as a GPRO. I mean, they made it sound in the last question like you weren't supposed to do that. I mean, is that okay to do that?

Aryeh Langer: One moment, please.

Bobby Harris: Jennifer, are you here? Since you addressed the last question about CAHs?

Okay. Marilyn, are you here? He wants to know if he could submit as a – could submit it as a group. Are they able to do that?

Scott Barrette: Yes. I was just wondering because if they're method two, I thought that that didn't preclude them from submitting PQRS data. I thought if they are method two, they could still submit PQRS data.

Bobby Harris: Right.

Jennifer Stephen-Ogbe: Hi, Bobby. This is Jennifer. Yes.

So yes, they can submit in any – however way they choose to report, either as individuals or as a group provider through our GPRO option. So no. And I don't think our initial question was speaking specifically secluding them from reporting one way or the other. But no, to answer your question, yes, they can report either as individuals or as GPRO for PQRS reporting.

Does that answer your question, sir?

Scott Barrette: Okay. Cool. Yes. And if they didn't report, would they be subject to the penalty? If they're method two?

Jennifer Stephen-Ogbe: That is correct. Critical access hospitals are eligible to report PQRS if they are on the list as eligible professionals as defined. So yes, if they did not report and they are in eligible instances, they will become subject to the PQRS reporting for 2018, supposing that's the year we're talking about.

Scott Barrette: Yes. Well, I'm hoping that was the same for all the years.

Jennifer Stephen-Ogbe: Yes. And if you're not, you know, very sure if they were subject, you know, review your feedback report. And if not, please feel free to contact the QualityNet help desk. The information is on slide 27. And we'll be more than happy to kind of work you through and let you know if they are subject or not and where the next step will be, which at this point would be the informal review. As you know, the period is currently between September 18th through December 1st.

Scott Barrette: Okay. Thanks.

Jennifer Stephen-Ogbe: Thank you.



Operator: Your next question comes from the line of Cathy Carpenter.

Aryeh Langer: Go ahead, Cathy.

Operator: Your next question comes from the line of Cynthia Carpenter.

Ms. Carpenter, your line is open.

Cynthia Carpenter: Yes. My question is in regards to a previous answer that had been given regarding the reduction in the number of measures that were going to have to be reported – reduced from nine to six. And I know the answer that the representative gave before said that all the measures would be there. But one of the issues becomes that when it's time for reporting, the measures may – some may have been eliminated. And so, then, it still makes it very difficult to meet the requirement. So when would we know beforehand which measures are going to be eliminated from the required reporting? And especially as I represent – the latter is a psychologist. And, so – and most of the work is done in a nursing home and it makes it very difficult to meet some of those – the amount of measures.

Marilyn Sherwood: This is Marilyn again. Are you referencing how to know for future examples, for example, the QPP MIPS program or are you asking – thinking that we're only then, you know, looking at this – at six of the measures of what was already reported?

Cynthia Carpenter: Six – Okay. So, what you were talking about was what has already been reported because we were satisfactorily reported. So, this isn't in the future.

Marilyn Sherwood: Yes. Okay. Yes.

Cynthia Carpenter: Okay.

Marilyn Sherwood: Okay. Yes. I'm glad that you asked that question because, yes, this was about what was reported in 2016.


Cynthia Carpenter: Okay.

Marilyn Sherwood: The information that was reported already was analyzed and whoever, you know, reported successfully at least six individual measures with no domain requirement for PQRS then would avoid the PQRS payment adjustment if they did that satisfactorily.

Cynthia Carpenter: Oh, okay. Then I guess that shows why we were – because it was difficult trying to meet nine. Okay. Thank you.

Marilyn Sherwood: Okay. Yes. So – and then if you need help with the QPP program there – if you need any help past – knowing what six to report, I'm sure the QPP help desk would be glad to help you with that as well.

Cynthia Carpenter: Okay. Thank you so much.



Marilyn Sherwood: Do you need their number? Okay. Thank you.

Operator: Your next question comes from the line of Peggy Frizzell.

Peggy Frizzell: Good afternoon. It's Peggy Frizzell. And I have a question. Last year, there was a link where you could look up by typing in a TIN and an NPI – you could look up a provider's status, if they are going to be affected with a negative penalty adjustment. Is that option going to be available this year?

Bobby Harris: Yes. I do believe it is still available this year.

Peggy Frizzell: Is it the same link? And, because – when can we expect – we're a qualified registry. And so, if our providers start – they want to get a jump on reviewing the reports, when will they be notified completely? Like I know it started September 17th. But when will the notifications be complete?

Bobby Harris: You mean notification of whether or not...

Peggy Frizzell: With the letter...

Bobby Harris: ...whether they're on a payment adjustment?

Peggy Frizzell: Yes. When will all the letters be sent out? I thought that's what started September 17th, notification about payment adjustments.

Bobby Harris: Yes. The letters are going to go out later on. Yet, you should be able to go out and see your feedback report to see whether or not you are subject or not.

Peggy Frizzell: Okay. But do you have a date when these letters will be complete, like when all providers will be notified?

Bobby Harris: I do not have that information. And we're still...

Cindy Shiblee: Hi. This is Cindy Shiblee from CMS. So the letters will start to go out October 5th and they have 30 days to being out. So we'll do them in bunches until all of them are done. So it will be 30 days after October 5th.

Peggy Frizzell: So – but, again...

Cindy Shiblee: ...October 5th. I just wanted to reiterate what Bobby said about – that shouldn't stop you from going in and looking at the feedback reports. So you can still access that. You can still file your informal review. It's just the letters take a while because we have so many that need to go out. So we have to do in batches.

Peggy Frizzell: Okay. Very good. Thank you.

Additional Information

Aryeh Langer: And thank you so much.

Unfortunately, that is all the time we have for questions today. If we did not get to your question, you can email it to the – one of the addresses listed on slide 27.

For further information, as you've heard, please use some of the resources on slide 26 as well as those email and phone numbers on slide 27.

For more information on CME and CEU continuing education credit, please refer to slide 29 of today's presentation.

And for more information or information in general on evaluating today's event, see slide 30.

Again, my name is Aryeh Langer. I'd like to thank our presenters and also thank all of you on the lines for participating in today's Medicare Learning Network call. Have a great day, everyone.

Operator: Thank you for participating in today's conference call. You may now disconnect. Presenters, please hold.