

***National Provider Call:***  
**2012 Physician Quality  
Reporting System (PQRS)  
and  
Electronic Prescribing (eRx)  
Incentive Program**

October 23, 2012

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# Agenda



- ◆ CMS Announcements
- ◆ Presentation
  - ◆ Overview of PQRS Informal Review
    - ◆ PQRS Reporting Background
    - ◆ Informal Review Purpose
  - ◆ Requesting 2011 PQRS Informal Review
    - ◆ Informal Review Overview
    - ◆ How to Request a 2011 PQRS Informal Review
    - ◆ Additional Information
- ◆ Resources & Who to Call for Help
- ◆ Questions & Answers

**CMS Staff**

# **ANNOUNCEMENTS**

## Overview

# PQRS INFORMAL REVIEW

# PQRS Background



- ◆ PQRS is a voluntary reporting program that began in 2007 (originally called Physician Quality Reporting Initiative, or PQRI)
- ◆ Eligible professionals or CMS-selected group practices who satisfactorily report data on quality measures for covered Physician Fee Schedule (PFS) services furnished to Medicare Part B beneficiaries will qualify to earn an incentive payment
  - ◆ 1% of total estimated 2011 Medicare Part B Physician Fee Schedule (PFS) allowed charges for covered professional services furnished during reporting period

# PQRS Background (cont.)



- ◆ Over time, the program has expanded the number of measures and reporting options to facilitate quality reporting by a broad array of eligible professionals
- ◆ Eligible professionals
  - ◆ A list of eligible professionals who are able to participate in PQRS is available on the CMS program website
    - ◆ See <http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS>
    - ◆ Not all entities are considered eligible as they may be reimbursed by Medicare under methods or fee schedules other than the PFS
      - ◆ e.g., Federally Qualified Health Centers are not eligible to report PQRS data because they are not reimbursed under the PFS
  - ◆ Eligible professionals include physicians, nurse practitioners, clinical nurse specialists, physician assistants, physical therapists, and many other health care professionals

# PQRS Background (cont.)



- ◆ PQRS reporting mechanisms
  - ◆ Claims
  - ◆ Qualified registry
  - ◆ Qualified Electronic Health Record (EHR)
  - ◆ GPRO web interface
- ◆ Reporting periods for individual eligible professionals
  - ◆ 12 months: January 1–December 31
  - ◆ 6 months: July 1-December 31 (for select reporting mechanisms)
- ◆ Individual eligible professionals may report individual PQRS measures or measures groups
- ◆ The CMS-selected Group Practice Reporting Option (GPRO) allows groups to self-nominate and be selected by CMS to earn a PQRS incentive equal to a specified percentage of the group's total estimated Medicare Part B PFS allowed charges

# PQRS Informal Review: Purpose



- ◆ Section 1848(m)(5)(I) of the Social Security Act, as amended and added by section 3002(f) of the Affordable Care Act, conferred upon the Secretary the authority to establish and have in place, no later than January 1, 2011, an informal process for eligible professionals to seek a review of the determination that an eligible professional did not satisfactorily submit data on quality measures under the PQRS
  - ◆ CMS is providing an informal review process to meet this requirement
  - ◆ An informal review is a process that allows eligible professionals and CMS-selected GPRO participants to request a review of their incentive eligibility determination
  - ◆ By informal review request, CMS will reanalyze the determination that the eligible professional or CMS-selected GPRO participant did not satisfactorily submit data on quality measures under PQRS
- ◆ The informal review process will be available for 2011 PQRS participation

# PQRS Informal Review: Purpose (cont.)



- ◆ Informal review requests will be submitted to CMS through an online tool available through the Quality Reporting Communication Support Page (Communication Support Page)
  - ◆ Informal review requests will automatically generate a QualityNet Help Desk ticket and number, which will be provided to the requestor with final determination

# PQRS Informal Review: Purpose (cont.)



- ◆ The informal review will be for all reporting transmission methods, including:
  - ◆ Claims
  - ◆ Qualified registry
  - ◆ Qualified EHR
  - ◆ GPRO I web interface
- ◆ Currently there is no informal review process for the 2011 eRx Incentive Program or other Medicare and Medicaid incentive programs
- ◆ The informal review decision will be final, and there will be no further review

# PQRS Informal Review: Purpose (cont.)



◆ See the *2011 Physician Quality Reporting System: Informal Review Made Simple* for information about the informal review purpose and process

◆ <http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/EducationalResources>

> Downloads

May 2012

## 2011 Physician Quality Reporting System: Informal Review Made Simple

### Background

The Physician Quality Reporting System (Physician Quality Reporting) is a voluntary reporting program that provides an incentive payment to identified individual eligible professionals, or CMS-selected group practices participating in the 2011 group practice reporting option (GPRO), who satisfactorily report data on quality measures for covered Medicare Physician Fee Schedule (PFS) services furnished to Medicare Part B Fee-for-Service (FFS) beneficiaries. A web page dedicated to providing all the latest news on Physician Quality Reporting is available at <http://www.cms.gov/pars> on the Centers for Medicare & Medicaid Services (CMS) website.

### Purpose

This Fact Sheet provides step-by-step guidance for requesting an informal review of program year 2011 Physician Quality Reporting System results during the 2012 calendar year. This document applies only to the Physician Quality Reporting incentive payment eligibility and **does not** provide guidance for other Medicare or Medicaid incentive programs, such as the Electronic Prescribing (eRx) Incentive Program, the Maintenance of Certification Program, or the Electronic Health Record (EHR) Incentive Program.

### Informal Review – Quick Facts

- Eligible professionals, or GPROs, can request a review of their 2011 Physician Quality Reporting incentive eligibility determination.
- The informal review will be for all reporting transmission methods, including:
  - claims,
  - qualified registry,
  - qualified EHR, or
  - GPRO I web interface.
- Informal review will cover data submitted for dates of service from 1/1/2011 through 12/31/2011.
- If the eligible professional's 2011 Physician Quality Reporting quality-data codes (QDCs) were submitted via **claims**, the claim must have been processed into the National Claims History (NCH) file by 2/24/2012 for inclusion in Physician Quality Reporting incentive eligibility analysis.

### How to Request an Informal Review of 2011 Incentive Eligibility

In order to request an informal review of 2011 Physician Quality Reporting incentive eligibility, the data must be analyzed, and feedback reports must be made available for eligible professionals. 2011 Physician Quality Reporting incentive eligibility informal review requests **MUST** be submitted **within 90 days** of the release of the 2011 Physician Quality Reporting System final feedback reports. CMS will announce the availability of the 2011 Physician Quality Reporting feedback reports via the Physician Quality Reporting website's "Spotlight" section at <http://www.cms.gov/pars>, and also via the FFS provider listserv (see <https://list.nih.gov/cqi-bin/wa.exe?A0=PHYSICIANS-L>).

**STEP 1: Individual Eligible Professionals** or designated support staff will need to request an informal review for the **individual rendering National Provider Identifier (NPI)** for each Tax Identification Number (TIN) under which (s)he submitted 2011 Physician Quality Reporting QDCs or data.

## Step-by-Step Instructions

# REQUESTING 2011 PQRS INFORMAL REVIEW

# 2011 PQRS: Informal Review Overview



- ◆ The 2011 PQRS informal review will cover program data for dates of service from **1/1/2011 through 12/31/2011**
  - ◆ If eligible professionals and/or CMS-selected GPRO participants submitted 2011 PQRS quality-data codes via claims, the claim must have been processed into the National Claims History (NCH) file by **2/24/12** for inclusion in PQRS incentive eligibility analysis
  - ◆ The informal review will re-analyze PQRS data that is reflected in the *2011 PQRS Feedback Report*
  - ◆ Eligible professionals, designated staff/vendors, and the CMS-selected GPRO points of contact may request an informal review
  - ◆ CMS will process valid informal review requests received **11/1/2012 through 2/28/2013**
  - ◆ CMS will provide their final determination via email within 60 days of receiving a valid informal review request

# 2011 PQRS: Informal Review Overview



- ◆ Review the *2011 Physician Quality Reporting System Feedback Report* to determine if an informal review would be beneficial
  - ◆ For example, if the feedback report shows that the eligible professional did not submit the required number of quality-data codes as shown below, but the Carrier/MAC remittance advice/EOB displayed remark code “N365” for the required number of events, then an informal review may be beneficial

**Table 1: Earned Incentive Summary for Taxpayer Identification Number (Tax ID)**  
 Sorted by NPI Number and Sub-Sorted by Total Earned Incentive Amount and Method of Reporting  
 Tax ID Name\*: John Q. Public Clinic  
 Tax ID Number: XXXXX6789

Total Tax ID Earned Incentive Amount for NPIs (listed below) <sup>1</sup> : \$600.00	Distribution of Total Incentive Earned	
	A/B MAC and Carrier Identification #	Tax ID Earned Incentive Amount Under A/B MAC and Carrier
	12345	\$0.00
67890	\$600.00	

NPIs that did not earn an incentive will still appear in the report along with the rationale of why they were not incentive eligible.

NPI	NPI Name*	Reporting Period	Incentive Eligibility Rationale	Total Estimated Allowed Medicare Part B PFS Charges for the Reporting Period <sup>3</sup>	Physician Quality Reporting NPI Total Earned Incentive Amount <sup>4</sup>
1000000005	Not Available	12 months	Insufficient # of measures reported	\$68,000.00	N/A
1000000012	Not Available	12 months	Sufficient # of measures reported	\$600.00	\$600.00

# 2011 PQRS: Informal Review Overview (cont.)



- ◆ Only **one** informal review request can be submitted for each eligible professional or CMS-selected GPRO Tax Identification Number (TIN)
  - ◆ If multiple requests are submitted for an eligible professional's TIN and National Provider Identification (NPI), or TIN/NPI, the duplicate requests will be denied
  - ◆ If multiple requests are submitted for a CMS-selected GPRO TIN, the duplicate requests will be denied

# 2011 PQRS: Requesting an Informal Review



- ◆ To request a 2011 PQRS informal review go to the Communication Support Page, available under “Related Links” on the Portal or via a direct link (see Resources)

**QualityNet**

**Related Links**

- + CMS
- + Quality Improvement Resources
- + Measure Development
- + Consensus Organizations for Measure Endorsement/Approval
- Communication Support Page**

**Guest Announcement**

Information in the Taxpayer Identification Number (Tax ID or TIN-level) PQRI feedback reports is confidential. Your report is safely stored online and accessible only to you (and those you authorize) through the web application. TIN-level reports should be shared only with others within the practice who have a vested interest in the summarized quality data. Sharing of other PQRI participants' information is acceptable only if the individual EP has authorized the TIN to do so. Please ensure that these reports are handled appropriately and disposed of properly to avoid a potential Personally Identifiable Information (PII) exposure or Identity Theft risk.

**Physician and Other Health Care Professionals Quality Reporting Portal**

**Sign In** to your Portal

If you do not have an account, please **register**.

**Forgot your password?**

For assistance with new & existing IACS accounts, review the **Quick Reference Guides**.

Notice: If you have not used your IACS account within the past 60 days or more, your account has been temporarily disabled as required by the CMS security policy. You should have received an e-mail at the e-mail address associated with your IACS account profile instructing you how to get your account re-enabled. If you need further assistance, please contact the QualityNet Help Desk at 1-866-288-8912, or [qnetssupport@edps.org](mailto:qnetssupport@edps.org).

Notice: If you are experiencing difficulties viewing the PQRS Communications Support Page with Internet Explorer 8.0, please ensure that you are using the compatibility view feature by doing the following: Open Internet Explorer, Select Tools, Select Compatibility View.

**User Guides**

- PQRS Portal User Guide
- PQRS/eRx SEVT User Guide
- PQRS/eRx Submission User Guide
- PQRS/eRx Submission Report User Guide
- PQRS MOCP Submission User Guide
- 2011 PQRI Feedback Report User Guide
- 2011 eRx Feedback Report User Guide
- PQRS 2011 GPRO Web Interface User Guide
- 2012 PQRS Feedback Dashboard User Guide

# 2011 PQRS: Requesting an Informal Review (cont.)



- ◆ Select the *Create Informal Review Request* hyperlink
- ◆ For additional assistance with the Communication Support Page, see *Quality Reporting Communication Support Page User Manual* via the “?Help” hyperlink located in the bottom right-hand corner of the screen

U.S. Department of Health & Human Services [www.hhs.gov](http://www.hhs.gov)

**CMS** Centers for Medicare & Medicaid Services

Quality Reporting Communication Support Page

[Create Hardship Exemption Request](#)

[Create Informal Review Request](#)

[Create NPI Level Report Request](#)

[Return to Home Page] [? Help](#)

# 2011 PQRS: Requesting an Informal Review (cont.)



## ◆ Select a Requestor Type

- ◆ The “Requestor” is the eligible professional (“Individual Eligible Professional”) or CMS-selected GPRO (“Group Practice”) wanting to request an informal review of the data submitted

The screenshot shows the CMS website interface. At the top, there is a header for the U.S. Department of Health & Human Services and the CMS logo. Below this is a navigation bar with the text 'Centers for Medicare & Medicaid Services'. The main content area is titled 'Quality Reporting Communication Support Page'. Underneath, there is a section titled 'Informal Review for Physician Quality Reporting System'. This section contains a form with the instruction 'Please Select a Requestor Type:'. There are two radio button options: 'Individual Eligible Professional' and 'Group Practice'. At the bottom of the form, there are 'Submit' and 'Cancel' buttons, and a 'Help ?' link.

# 2011 PQRS: Requesting an Informal Review (cont.)



## ◆ Request an informal review of 2011 PQRS data

Enter contact information for the requestor (information entered should pertain to the eligible professional or the CMS-selected GPRO point of contact)

Enter justification

Accept the User Agreement and click "Submit"

U.S. Department of Health & Human Services  
CMS Centers for Medicare & Medicaid Services  
Quality Reporting Communication Support Page  
Informal Review for Physician Quality Reporting System  
INDIVIDUAL ELIGIBLE PROFESSIONAL

**Requestor Contact Information:**

\*Legal Business Name (as enrolled in PECOS):

\*Billing TIN (last 6 digits):  (E.G., TIN used to bill Medicare or if no TIN available, SSN used to bill Medicare)

\*Individual Rendering NPI:

\*First Name:  M.I.:  \*Last Name:

\*Address 1:  Address 2:

\*City:  \*State:  \*Zip Code:

\*Phone:  Ext.:

\*Requestor Relationship:

\*Email:  \*Confirm Email:

\*Program Year:

\*Please explain in detail your reason(s) for requesting an informal review regarding incentive eligibility under the Physician Quality Reporting System (Maximum of 2,000 characters):

**\*User Agreement:**  
"I do hereby attest that this information is true, accurate, and complete to the best of my knowledge. I understand that any falsification, omission, or concealment of any material fact may subject me to administrative, civil, or criminal liability."  
 I accept the user agreement

TIN: Tax Identification Number  
NPI: National Provider Identifier

# 2011 PQRS: Requesting an Informal Review (cont.)



- ◆ As previously mentioned, reference the *Quality Reporting Communication Support Page User Manual* for additional information about the fields required for requesting a 2011 PQRS informal review
  - ◆ To avoid security violations, do not include personal identifying information, such as the full Social Security Number or the full TIN



# 2011 PQRS: Requesting an Informal Review (cont.)



- ◆ The Communication Support Page will provide confirmation of valid 2011 PQRS informal review request submissions
  - ◆ After clicking “Submit” the system will check the required fields and the submitter will be redirected to a “Request Confirmation Screen”



- ◆ The Communication Support Page will send an e-mail confirmation to the Requestor

# 2011 PQRS: Requesting an Informal Review (cont.)



- ◆ Only valid informal review requests will be processed
  - ◆ Be sure to completely fill out the informal review request form and provide appropriate justification
  - ◆ Required fields are noted on the form with a red asterisk
  - ◆ Failure to complete the mandatory fields will result in an inability to request the informal review
- ◆ Informal review requests are only accepted via the Communication Support Page
  - ◆ Contact the QualityNet Help Desk for support

**2011 PQRS Informal Review**

# **ADDITIONAL INFORMATION**

# 2011 PQRS Informal Review: Additional Information



- ◆ Eligible professionals and CMS-selected GPRO participants should reference their *2011 PQRS Feedback Report* for detailed information on 2011 PQRS reporting
  - ◆ The *2011 PQRS Feedback Report* will be available soon
  - ◆ The *2011 PQRS Feedback Report User Guide* is available on the CMS PQRS website to assist in requesting and understanding feedback reports
  - ◆ CMS announced the availability of the *2011 PQRS Feedback Reports* via the CMS PQRS website “Spotlight” section, and also via the FFS provider listserv
- ◆ CMS and/or the QualityNet Help Desk may contact the requestor if additional information is needed

**CMS Staff**

# **RESOURCES & WHO TO CALL FOR HELP**

# Resources



◆ **CMS PQRS Website**

<http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS>

◆ **Communication Support Page (direct link)**

[https://www.qualitynet.org/portal/server.pt/community/communications\\_support\\_system/234](https://www.qualitynet.org/portal/server.pt/community/communications_support_system/234)

◆ **Portal**

[https://www.qualitynet.org/portal/server.pt/community/pqri\\_home/212](https://www.qualitynet.org/portal/server.pt/community/pqri_home/212)

◆ **2011 PQRS Feedback Report User Guide**

<http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/AnalysisAndPayment.html>

◆ **FFS Provider Listserv**

<https://list.nih.gov/cgi-bin/wa.exe?A0=PHYSICIANS-L>

◆ **PQRS Frequently Asked Questions (FAQs)**

<https://questions.cms.gov/>

# Where to Call for Help



## ◆ QualityNet Help Desk:

- ◆ Portal password issues
- ◆ PQRS/eRx feedback report availability and access
- ◆ IACS registration questions
- ◆ IACS login issues
- ◆ Program and measure-specific questions

866-288-8912 (TTY 877-715-6222)

7:00 a.m.–7:00 p.m. CST M-F or [gnetsupport@sdps.org](mailto:gnetsupport@sdps.org)

You will be asked to provide basic information such as name, practice, address, phone, and e-mail

## ◆ Provider Contact Center:

- ◆ Questions on status of 2011 PQRS/eRx Incentive Program incentive payment (during distribution timeframe)
- ◆ See *Contact Center Directory* at <http://www.cms.gov/MLNProducts/Downloads/CallCenterTollNumDirectory.zip>

## ◆ EHR Incentive Program Information Center:

888-734-6433 (TTY 888-734-6563)

**CMS Staff**

# **QUESTIONS & ANSWERS**

# Evaluate Your Experience with Today's National Provider Call



- ◆ To ensure that the National Provider Call (NPC) Program continues to be responsive to your needs, we are providing an opportunity for you to evaluate your experience with today's NPC. Evaluations are anonymous and strictly voluntary.
- ◆ To complete the evaluation, visit <http://npc.blhtech.com/> and select the title for today's call from the menu.
- ◆ All registrants will also receive a reminder email within two business days of the call. Please disregard this email if you have already completed the evaluation.
- ◆ We appreciate your feedback!

