



2018 VALUE MODIFIER INFORMAL REVIEWS

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When can I file an Informal Review of my Taxpayer Identification Number's (TIN's) 2018 Value-Based Payment Modifier (Value Modifier)?

Groups and solo practitioners may request a Value Modifier Informal Review of perceived errors in their 2018 Value Modifier calculation during the 60-day Informal Review period that starts when CMS releases the 2016 Annual Quality and Resource Use Reports (QRURs). To find out about the deadline for filing an Informal Review, please visit the CMS website for the 2016 QRUR and 2018 Value Modifier at the following

URL: <https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeedbackProgram/2016-QRUR.html>.

How do I submit a Value Modifier Informal Review request? Where can I find instructions on submitting a Value Modifier Informal Review request?

There are two different ways for an authorized representative of a TIN to submit a Value Modifier Informal Review request:

(1) By accessing the “Value Modifier Informal Review” portion of the CMS Enterprise Portal (<https://portal.cms.gov>).

(2) By accessing the Physician and Other Health Care Professionals Quality Reporting Portal (<https://qnpapp.qualitynet.org/pqrs/home.html>).

For step-by-step instructions (including screenshots) for submitting a Value Modifier Informal Review request, please refer to the document entitled, “Value Modifier Informal Review Request Quick Reference Guide,” available at the following

URL: <https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeedbackProgram/Downloads/2018-VM-IR-Quick-Ref-Guide.pdf>.

When submitting a Value Modifier Informal Review request, please be sure to include all reasons for your request and upload all relevant supporting documentation to enable a thorough analysis of your request. If you have questions about your Value Modifier Informal Review request, please contact the Physician Value Help Desk at 888-734-6433 (select option 3) from 8:00 a.m. to 8:00 p.m. Eastern Time, Monday through Friday, or via email at pvhelpdesk@cms.hhs.gov.

What information needs to be included in a Value Modifier Informal Review request?

Informal Review requests are submitted by accessing the “Value Modifier Informal Review” portion of the CMS Enterprise Portal (<https://portal.cms.gov>). The Informal Review request page contains the following sections which will need to be filled in accurately:

1. **Requestor Contact Information:** Verify the contact information that is pre-populated from your Enterprise Identify Management (EIDM) profile and update any outdated information.

2. **Informal Review Information:** Use the following four fields to provide information on the reason for your Informal Review request. You can select more than one option for each of the following fields. Please submit as much detailed information as you believe is necessary to support your Informal Review request.
 - a. **Reason:** Select from the pre-defined list of reasons for your Informal Review request
 - b. **Related Exhibits (Optional):** Select the Annual QRUR exhibit(s), if any, that pertain to the perceived error
 - c. **Justification for Review:** Select from the pre-defined list of justifications for an Informal Review request
 - d. **Justification Rationale:** Provide additional information on the perceived error
3. **Supporting Documentation:** Attach any additional documents that support your request. Examples of relevant documents include communications with vendors regarding system errors and relevant communications from the Physician Value or QualityNet Help Desks. Please note that the Value Modifier program is unable to recalculate your TIN's Quality Composite Score based on any resubmitted Physician Quality Reporting System (PQRS) data.
4. **User Attestation:** Attest to the accuracy and completeness of the submitted information.

For detailed instructions on submitting a Value Modifier Informal Review request, please refer to the document entitled, "Value Modifier Informal Review Request Quick Reference Guide," available at the following URL: <https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeedbackProgram/Downloads/2018-VM-IR-Quick-Ref-Guide.pdf>.

I have a general question about my Annual QRUR. Do I need to submit a Value Modifier Informal Review request?

You do not need to submit a Value Modifier Informal Review request to obtain answers to general questions about your TIN's Annual QRUR. For assistance in understanding the information in your TIN's Annual QRUR, please contact the Physician Value Help Desk at 888-734-6433 (select option 3) from 8:00 a.m. to 8:00 p.m. Eastern Time, Monday through Friday, or via email at pvhelpdesk@cms.hhs.gov.

Can my TIN submit more than one Value Modifier Informal Review request?

An authorized representative of a TIN may submit only one Value Modifier Informal Review request on behalf of the TIN. If you need to make an update to a Value Modifier Informal Review request that you previously submitted, then please contact the Physician Value Help Desk at 888-734-6433 (select option 3) from 8:00 a.m. to 8:00 p.m. Eastern Time, Monday through Friday, or via email at pvhelpdesk@cms.hhs.gov during the 60-day Informal Review Period.

If you are the authorized representative for multiple TINs and have access to the Annual QRURs of multiple TINs, then you will be able to submit a separate Informal Review request for each TIN. A separate request is required for each TIN seeking a review.

My TIN participated in a Medicare Shared Savings Program Accountable Care Organization (ACO) in 2016. I believe that CMS incorrectly computed my TIN's Value Modifier. Should my ACO file a Value Modifier Informal Review request or should I submit a Value Modifier Informal Review request for my TIN?

The 2018 Value Modifier is applied at the TIN level. Therefore, a Value Modifier Informal Review request must be submitted by an authorized representative of the TIN.

Authorized representative(s) of a TIN can submit a Value Modifier Informal Review Request on the CMS Enterprise Portal at <https://portal.cms.gov> using an Enterprise Identity Management (EIDM) account with one of the following Physician Quality and Value Programs Roles:

- For a solo practitioner (TIN with only one National Provider Identifier [NPI] that bills under the TIN):
 - Individual Practitioner
 - Individual Practitioner Representative
- For a group with two or more eligible professionals (EPs) (TIN with two or more NPIs that bill under the TIN):
 - Security Official
 - Group Representative

Authorized representatives must sign up for a new EIDM account or modify an existing account at <https://portal.cms.gov>. Reference guides that provide step-by-step instructions for requesting each Physician Quality and Value Programs role for new, existing or migrating EIDM accounts are available at the following URL: <https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeedbackProgram/Obtain-2013-QRUR.html>.

Under what circumstances should I submit a PQRS Informal Review request versus a Value Modifier Informal Review request?

If your TIN's 2016 Annual QRUR indicates that your TIN was subject to an automatic downward payment adjustment under the 2018 Value Modifier (because it did not avoid the 2018 PQRS payment adjustment), and you believe your TIN was determined to be subject to the automatic downward adjustment in error, then please submit a PQRS Informal Review request as well as a Value Modifier Informal Review request. For example, if your TIN experienced issues when submitting PQRS data, resulting in a failure to satisfactorily report to the PQRS, then your TIN should submit both PQRS and Value Modifier Informal Review requests.

If your TIN’s 2016 Annual QRUR indicates that your TIN is not subject to the automatic downward adjustment under the 2018 Value Modifier, then your TIN’s 2018 Value Modifier was calculated based on your TIN’s 2016 performance on quality and cost measures. If you disagree with the Value Modifier calculation, but (a) your TIN is not subject to the automatic Value Modifier downward payment adjustment and (b) you do not disagree with your TIN’s PQRS data or with any PQRS payment adjustments applied to EPs in your TIN, then you should submit only a Value Modifier Informal Review request. If you disagree with your TIN’s PQRS data but your TIN is not subject to the automatic Value Modifier downward payment adjustment, then you should only submit a PQRS Informal Review request.

The PQRS data in my TIN’s Annual QRUR do not appear to be correct. How can I correct my TIN’s Annual QRUR and 2018 Value Modifier?

If you believe that the PQRS data in your TIN’s Annual QRUR are not correct or do not match your records, then please submit separate Informal Review requests under both the Value Modifier and the PQRS programs.

How do I submit a PQRS Informal Review request?

EPs and group practices can submit a PQRS Informal Review request using the Physician and Other Health Care Professionals Quality Reporting Portal (<https://qnpapp.qualitynet.org/pqrs/home.html>). To submit a PQRS Informal Review request through the Physician and Other Health Care Professionals Quality Reporting Portal:

1. Select “Communication Support Page” under “Related Links” in the upper left navigation pane.
2. In the drop down menu, select “Informal Review Request” and choose “PQRS Informal Review.”

For more information on submitting a PQRS Informal Review request, please refer to document entitled, “2016 Physician Quality Reporting System (PQRS): 2018 Downward Payment Adjustment—Informal Review Made Simple,” available at the following URL: <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/Downloads/2016PQRSIR2018PayAdjMadeSimple.pdf>.

How can I cancel my Value Modifier Informal Review request?

You can cancel your Value Modifier Informal Review request at any time prior to receiving a CMS decision in either of the following ways:

- By using the CMS Enterprise Portal. For detailed instructions on cancelling a Value Modifier Informal Review request through the CMS Enterprise Portal, please refer to the document entitled, “Value Modifier Informal Review Request Quick Reference Guide,” available at the following URL: <https://www.cms.gov/Medicare/Medicare->

[Fee-for-Service-Payment/PhysicianFeedbackProgram/Downloads/2018-VM-IR-Quick-Ref-Guide.pdf](#).

- By contacting the Physician Value Help Desk at 888-734-6433 (select option 3) from 8:00 a.m. to 8:00 p.m. Eastern Time, Monday through Friday, or via email at pvhelpdesk@cms.hhs.gov.

How long will it take CMS to make a decision on my Value Modifier Informal Review request? How can I obtain the status of my Value Modifier Informal Review request?

The timing of Informal Review decisions may vary, based on factors such as whether the Value Modifier Informal Review decision is dependent on the outcome of PQRS Informal Review requests; the extent of review required for supporting documentation submitted with the Value Modifier Informal Review request; and whether any additional analysis is required.

You can view the status of your submitted Value Modifier Informal Review request on the CMS Enterprise Portal. Additionally, you can contact the Physician Value Help Desk for an update on your Informal Review request at 888-734-6433 (select option 3) from 8:00 a.m. to 8:00 p.m. Eastern Time, Monday through Friday, or via email at pvhelpdesk@cms.hhs.gov.

I have submitted a Value Modifier Informal Review request to contest the Value Modifier negative payment adjustment. Until CMS makes a decision, will my TIN's payments be adjusted?

If your Informal Review decision is not adjudicated prior to payments being made for items and services furnished under the Medicare Physician Fee Schedule (PFS) in 2018 by physicians, physician assistants (PAs), nurse practitioners (NPs), clinical nurse specialists (CNSs), and certified registered nurse anesthetists (CRNAs) billing under your TIN, then your TIN's payments will be adjusted as indicated in your TIN's 2016 Annual QRUR. If your Informal Review request receives a favorable decision, then we will instruct the Medicare Administrative Contractors to re-process your TIN's previously paid 2018 claims to apply the updated Value Modifier. Additionally, your TIN's 2016 Annual QRUR will be updated to incorporate a cover page that displays your TIN's updated 2018 Value Modifier.

I just received an unfavorable Value Modifier Informal Review decision. Can I request a re-review or appeal the decision?

Section 1848(p)(10) of the Social Security Act provides that there shall be no administrative or judicial review of various aspects of the Value Modifier. In order to address any perceived errors in Value Modifier calculations, CMS established an Informal Review process. This Informal Review process was established in the regulations (see 42 C.F.R. § 414.1285) through the notice and comment rulemaking process. CMS makes decisions on each Informal Review request after careful review. The decision in your TIN's Informal Review decision letter is final; there is no additional level of review available for the Value Modifier program.

Why are the EPs included in my TIN's Value Modifier calculation different from the EPs shown in my TIN's PQRS Feedback Report?

Table 1 of your TIN's Annual QRUR identifies EPs who submitted claims to Medicare under your TIN in 2016 and/or who were identified in the Provider Enrollment, Chain and Ownership System (PECOS) on July 16, 2016 as having reassigned their billing rights to your TIN. The PQRS Feedback Report identifies EPs who participated in the PQRS, submitted claims for which PQRS measures applied, and/or had Medicare PFS charges. Therefore, EPs may be listed in Table 1 of your TIN's Annual QRUR, but not in your TIN's PQRS Feedback Report in some cases. For example, EPs who were identified as part of your TIN in PECOS or billed under your TIN, but who (1) did not have any Medicare PFS charges, (2) did not participate in PQRS, and (3) had zero claims for which PQRS measures applied will appear in Table 1 of your TIN's Annual QRUR but not your TIN's PQRS Feedback Report. Likewise, EPs may appear in your TIN's PQRS Feedback Report, but not Table 1 of your TIN's Annual QRUR, if they participated in PQRS or submitted Critical Access Hospital claims that were eligible for PQRS measures but did not submit any Medicare Part B professional claims under your TIN.