

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-20 One-Time Notification	Centers for Medicare & Medicaid Services (CMS)
Transmittal 2230	Date: January 25, 2019
	Change Request 11119

SUBJECT: Removal of Quality Programs from the Medicare Physician Fee Schedule (MPFS) Disclosure Report

I. SUMMARY OF CHANGES: The purpose of this Change Request (CR) is to remove references to the Electronic Health Records (EHR) and the Physician Quality Reporting System (PQRS) programs from the MPFS Disclosure Report.

EFFECTIVE DATE: July 1, 2019

**Unless otherwise specified, the effective date is the date of service.*

IMPLEMENTATION DATE: July 1, 2019

Disclaimer for manual changes only: The revision date and transmittal number apply only to red italicized material. Any other material was previously published and remains unchanged. However, if this revision contains a table of contents, you will receive the new/revised information only, and not the entire table of contents.

II. CHANGES IN MANUAL INSTRUCTIONS: (N/A if manual is not updated)

R=REVISED, N=NEW, D=DELETED-Only One Per Row.

R/N/D	CHAPTER / SECTION / SUBSECTION / TITLE
N/A	N/A

III. FUNDING:

For Medicare Administrative Contractors (MACs):

The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the MAC Statement of Work. The contractor is not obligated to incur costs in excess of the amounts allotted in your contract unless and until specifically authorized by the Contracting Officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the Contracting Officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

IV. ATTACHMENTS:

One Time Notification

Attachment - One-Time Notification

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I. GENERAL INFORMATION

A. Background: The Centers for Medicare & Medicaid Services (CMS) issues a CR to address the Medicare Participation Enrollment Period on an annual basis. This CR includes requirements related to what appears on the MPFS Disclosure Report. Because the eRx, EHR, and PQRS programs are no longer in effect, references to these programs need to be removed from the Report. Systems changes by the MCS Shared System Maintainer are needed to remove these references. This CR provides the business requirements necessary to achieve this effort.

B. Policy: The Medicare Participation Enrollment Period takes place annually between November 14 and December 31. The MPFS Disclosure Report needs to be made available during this time. This CR will ensure that the Disclosure Report is accurate moving forward.

II. BUSINESS REQUIREMENTS TABLE

"Shall" denotes a mandatory requirement, and "should" denotes an optional requirement.

Number	Requirement	Responsibility								
		A/B MAC			D M E	Shared- System Maintainers				Other
		A	B	H H H		F M V C	M I C M S S	V C M S	C W F	
11119.1	MCS shall remove the following fields from the MPFS disclosure report: <ul style="list-style-type: none"> • EHR (Electronic Health Records) Limiting Charge; • PQRS (Physician Quality Reporting System) Limiting Charge; • EHR + PQRS Limiting Charge • EHR/eRx Limiting Charge • EHR/eRx Limiting Charge + PQRS Limiting Charge 						X			
11119.2	MCS shall remove the following footers from the MPFS disclosure report:						X			

Number	Requirement	Responsibility								
		A/B MAC			D M E M A C	Shared-System Maintainers				Other
		A	B	H H H		F I S S	M C S	V M S	C W F	
	<p>"Limiting Charge reduced based on the EHR Negative adjustment program."</p> <p>"Limiting Charge reduced based on the PQRS Negative adjustment program."</p> <p>"Limiting Charge reduced for Eligible Professionals (EPs) that are subject to both EHR and PQRS Negative adjustment program."</p>									
11119.3	The A/B MAC Part B contractor shall run the YPD0/RPD0 and DP35 jobs in their test environments to ensure the disclosure reports have been updated.		X							

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility				
		A/B MAC			D M E M A C	C E D I
		A	B	H H H		
	None					

IV. SUPPORTING INFORMATION

Section A: Recommendations and supporting information associated with listed requirements: N/A

"Should" denotes a recommendation.

X-Ref Requirement Number	Recommendations or other supporting information:

Section B: All other recommendations and supporting information: N/A

V. CONTACTS

Pre-Implementation Contact(s): Mark Baldwin, 410-786-8139 or mark.baldwin@cms.hhs.gov

Post-Implementation Contact(s): Contact your Contracting Officer's Representative (COR).

VI. FUNDING

Section A: For Medicare Administrative Contractors (MACs):

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ATTACHMENTS: 0