



January 2015

# 2013 Physician Quality Reporting System (PQRS): Incentive Eligibility & New 2015 Negative Payment Adjustment – Informal Review Made Simple

## Background

What is PQRS?	What does it do?	More information
<ul style="list-style-type: none"><li>PQRS is a quality reporting program that uses a combination of incentive payments and negative payment adjustments to promote reporting of quality information by <a href="#">eligible professionals (EPs)</a>.</li></ul>	<ul style="list-style-type: none"><li>PQRS provides an incentive payment to individual EPs and group practices participating via the Group Practice Reporting Option (GPRO) who satisfactorily report data on quality measures for covered Medicare Physician Fee Schedule (MPFS) services furnished to <b>Medicare Part B Fee-for-Service (FFS) beneficiaries</b>. This would also apply to groups reporting via the Accountable Care Organization (ACO) GPRO option.</li><li>Beginning in 2015, the program also applies a negative payment adjustment to payments under the MPFS to those who do not meet the criteria for satisfactorily reporting PQRS data in 2013 for covered professional services.</li><li>PQRS also provides an incentive payment or applies a negative payment adjustment to Comprehensive Primary Care (CPC) practice sites based whether the CPC practice sites elected the PQRS Waiver and their success of reporting quality measures to CPC</li></ul>	<ul style="list-style-type: none"><li>EPs receiving a negative payment adjustment in 2015 will be paid 1.5% less than the MPFS amount for that service. For 2016 and subsequent years, the payment adjustment is 2.0%.</li><li>View the Centers for Medicare &amp; Medicaid Services (CMS) <a href="#">PQRS website</a>.</li></ul>

## Purpose

This fact sheet provides information about the 2015 PQRS negative payment adjustment as well as step-by-step guidance for requesting an informal review during the official time period of **January 1, 2015 through February 28, 2015**, for the 2013 PQRS program year. An informal review is the process that allows individual EPs, Comprehensive Primary Care (CPC) practice sites, or group practices or ACOs participating via GPRO to request a review of their incentive eligibility or negative payment adjustment determination. By this informal review request, CMS will investigate whether the eligible professional, the CPC practice site, or GPRO participant's outcome was appropriate.

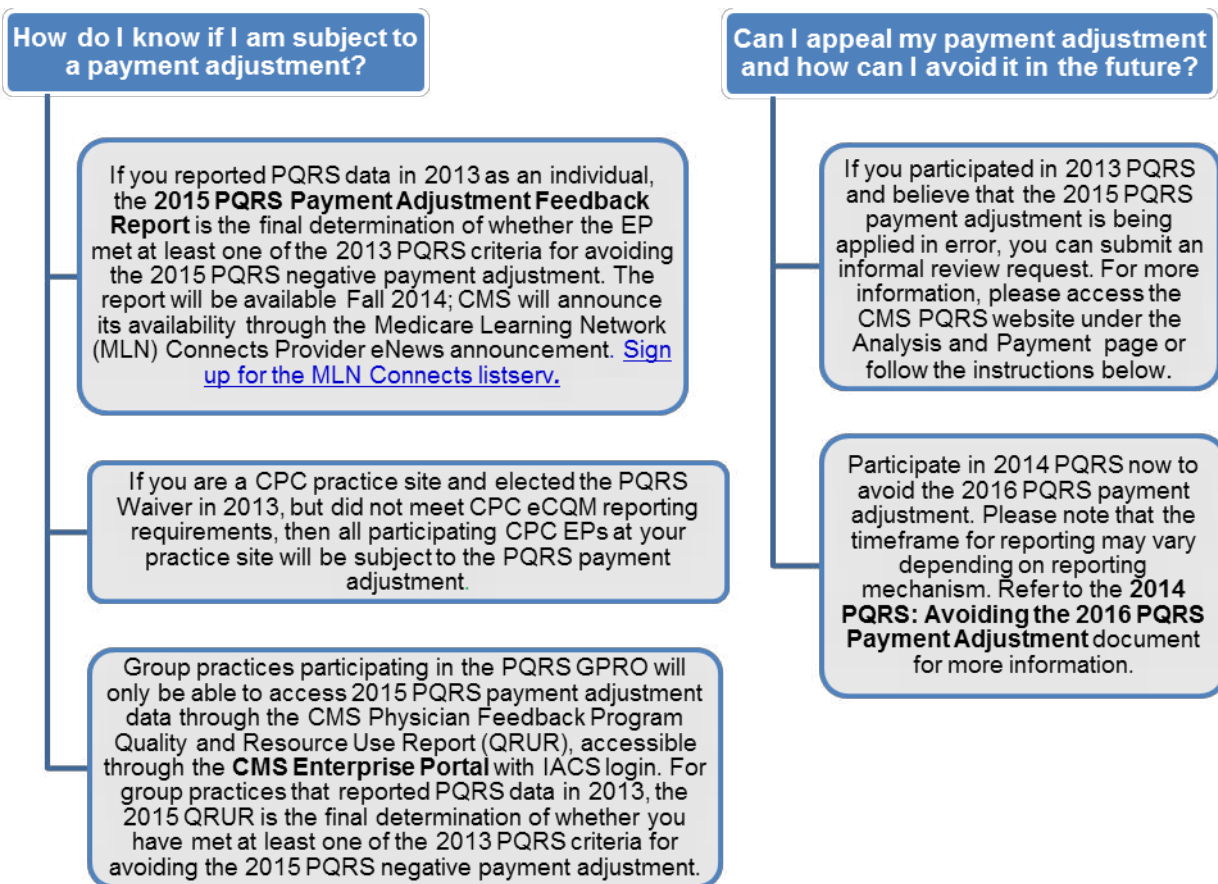
This document applies only to 2013 PQRS incentive payment eligibility and the 2015 PQRS negative payment adjustment. It **does not** provide guidance for other Medicare or Medicaid incentive programs, such as the [Electronic Prescribing \(eRx\) Incentive Program](#), the [Maintenance of Certification Program](#), the [Electronic Health Record \(EHR\) Incentive Program](#), or the [Value-based Modifier](#).

For CPC practice sites who took advantage of the aligned reporting option between CPC and PQRS by electing the PQRS Waiver, a request for an informal review will only result in a review of the PQRS incentive eligibility or payment adjustment. Informal review requests will be denied for CPC practice sites who received a PQRS incentive payment. For questions related to CPC, please contact [CPC Support](mailto:cpcsupport@telligen.org) (cpcsupport@telligen.org or 800-381-4724).

## 2015 PQRS Negative Payment Adjustment – Q&A

Starting in 2015, CMS will apply a negative 1.5% PQRS payment adjustment to payments under the MPFS for EPs who do not meet the criteria for satisfactory reporting in the 2013 PQRS. Individual EPs, CPC practice sites, and EPs in group practices or ACOs participating in the GPRO that provided professional services paid under or based on the MPFS from January 1, 2013, through December 31, 2013, will be analyzed for the 2015 PQRS payment adjustment as well.

EPs working for more than one organization need to meet the reporting criteria for each tax identification number (TIN) under which they work during the 2013 PQRS program year to avoid the 2015 PQRS payment adjustment for each TIN. Those groups who self-nominate or register to participate in PQRS as a group through GPRO or participate as an ACO GPRO will be analyzed at the TIN level; therefore, all providers under that TIN who bill Medicare Part B PFS will be included in the analysis for purposes of the 2015 PQRS payment adjustment.



## Informal Review – Quick Facts

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- An informal review is the process that allows individual EPs, CPC practice sites, and group practices participating via GPRO to request a review of their incentive eligibility or payment adjustment determination.
- When an informal review request is received, CMS will investigate whether the EP, CPC practice site, or group practice or ACO participating via GPRO met the criteria for satisfactorily reporting under PQRS.
- The informal review will be available for **all 2013 reporting transmission methods**, including:
  - Claims (individual EPs only)
  - Qualified registry (individual EPs, group practices via GPRO)
  - Qualified EHR – EHR direct or data submission vendor (individual EPs only)
  - GPRO Web Interface (for group of 25 or more NPIs)
  - CPC Web Application (for CPC practice sites that elected the PQRS Waiver)
- Informal review will cover data submitted for the reporting year from **January 1, 2013 through December 31, 2013**.
- EPs who reported via claims for the 2013 PQRS can request an informal review of quality-data codes (QDCs) submitted and processed into the National Claims History (NCH) file by **February 28, 2014** for inclusion in 2013 PQRS incentive eligibility analysis.

## How to Request an Informal Review of 2013 PQRS Incentive Eligibility and 2015 PQRS Negative Payment Adjustment

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Use the following steps to request an informal review of your 2013 PQRS results during the informal review period of **January 1, 2015 through February 28, 2015**:

**Step 1:**  
Identify **WHO**  
will submit the  
request

**Individual EPs** or designated support staff will need to submit a request for an informal review for each individual rendering National Provider Identifier (NPI) for each Tax Identification Number (TIN) under which the requestor submitted 2013 PQRS QDCs or data. The informal review is at the TIN/NPI level; therefore, **a separate request** must be submitted for each TIN an NPI is questioning.

The group practice reporting via **PQRS GPRO or ACO** point of contact will need to request an informal review for the TIN under which the group practice participating via GPRO or ACO submitted 2013 PQRS data.

**CPC practice sites** who elected the PQRS waiver and are requesting an informal review should submit a request for one TIN/NPI from the practice site. Please be sure to enter the CPC practice site ID number in the text field provided as this will ensure that the informal review is applied to all CPC EPs who were active at the practice site in 2013.

CPC practice sites who did not elect the PQRS waiver, but would like to request an informal review, will do so via the method under which they reported to PQRS (e.g. GPRO or EP).

**Qualified EHR vendors and registries** can request an informal review on behalf of their client(s). One request will need to be submitted for each TIN/NPI under which they would like CMS to conduct an informal review. The informal review decision will be sent to the applicable provider and not to the registry or EHR vendor.

**Step 2:**  
Understand  
**WHERE** to  
submit

To submit the request, go to the [Quality Reporting Communication Support Page](#), which will be available **January 1, 2015 through February 28, 2015**. CMS will announce the availability of this page through *MLN Connects Provider eNews*, the [PQRS Listserv](#), and other related CMS listservs.

All informal review requests must be submitted electronically through the Communication Support Page (CSP).

**Step 3:** Know  
**HOW** and take  
action to  
submit

*The QualityNet Help Desk is also able to assist in requesting a review, and their contact information can be found under "Additional Information."*

Complete the mandatory fields in the online form, including the appropriate justification, for the request to be deemed valid. Failure to complete the form in full will result in the inability to have the informal review request analyzed. CMS or the QualityNet Help Desk may contact the requestor for additional information, if necessary.

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## Informal Review Decision

EPs, group practices participating via PQRS GPRO, ACOs, CPC practice sites, support staff, or vendors who submit valid requests for an informal review will be sent a confirmation email that CMS has received and will process their request. Then, they will be notified via email of the decision by CMS within 90 days of the submission of the original request for an informal review. ***Please note that the informal review decision will be final. There will be no further review or appeal.***

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## Additional Information

- EPs can contact the [QualityNet Help Desk](#) for additional assistance regarding submitting a 2013 PQRS informal review request. The QualityNet Help Desk can be reached at **1-866-288-8912 (TTY 1-877-715-6222)** from 7:00 a.m. to 7:00 p.m. CST Monday through Friday, or via email to [Qnetsupport@hcgis.org](mailto:Qnetsupport@hcgis.org). To avoid security violations, **do not** include personal identifying information, such as Social Security Number or TIN, in e-mail inquiries to the QualityNet Help Desk.
- CPC practice sites can contact the CPC Support Desk at 800-381-4724, or via email to [cpcsupport@telligen.org](mailto:cpcsupport@telligen.org) for additional assistance regarding 2013 PQRS informal reviews.
- CMS will announce the availability of the final *2013 Physician Quality Reporting System (PQRS) Feedback Reports* and the *2015 Physician Quality Reporting System (PQRS) Payment Adjustment Feedback Reports* via the CMS program websites mentioned above, and also via [Medicare Learning Network \(MLN\) Connects Provider eNews](#), the [PQRS Listserv](#), and other related CMS listservs. Data provided in both Feedback Reports will be eligible for analysis through the informal review process.
- Register for weekly [MLN Connects Provider eNews](#) announcements.
- View more information on CMS PQRS [reporting requirements](#)
- View more information on the [claims-based reporting mechanism for PQRS](#).
- View more information on the [EHR-based reporting mechanisms for PQRS](#).
- View more information on the [registry-based reporting mechanism for PQRS](#).
- View more information on [participating in PQRS through the GPRO and GPRO reporting requirements for PQRS measures data](#).
- View more information on [ACOs, including related FAQs](#).