

# COMPLIANCE NEWSLETTER

## NAVIGATING THE MAZE

*Cheri Benander, MSN, RN, CHC, NHCE-C*  
*Director of Compliance Consulting Services, HealthTechS3*

### PQRS Informal Review Deadline Draws Near

The Physician Quality Reporting System (PQRS) was initiated in 2006 to encourage individual professionals and group practices to report quality data to Medicare. There are numerous PQRS measures available for providers to choose from. These measures are tools used to help quantify information and address various aspects of care such as prevention, care processes, care procedures, resource utilization, and care coordination <sup>1</sup>. The goals of these measures are to provide "...effective, safe, efficient, patient-centered, equitable, and timely care."<sup>2</sup>

Professionals and groups who participate in PQRS receive performance scores based on the information that they report. These scores help professionals to evaluate the care they provide to their patients. In addition, Medicare patients, are able to use these scores to compare physicians and become better informed to make health care decisions. <sup>3</sup>



### Negative Payment Adjustments

Beginning in 2015, CMS began to apply negative payment adjustments to those eligible providers (EPs) and PQRS group practices who did not satisfactorily report data on quality measures for Medicare Part B Physician Fee Schedule professional services.<sup>4</sup> Program participation during a calendar year affects the payments two years later. For example, submission deadlines for data entered this year (2016) for individuals and group practices is December 31, 2016. This data will be used to determine 2018 payment adjustments. Payment adjustments for both 2017 and 2018 is based on participation in the 2015 and 2016 program years and will be 2.0% less than the Medicare Physician Fee Schedule (MPFS). <sup>5</sup>

Right now, the window is open for providers to ask that data that affects their 2017 payments be reviewed. However, the deadline closing that window is fast approaching.

According to CMS, they will apply a downward payment adjustment to those who did not satisfactorily report their PQRS data in 2015. Those who could be at risk include eligible professionals (EP's), comprehensive primary care (CPC) practice sites, PQRS group practices and Accountable Care Organizations (ACOs).<sup>6</sup> If there is concern about either the status of your 2015 PQRS reporting or concerns that you may be receiving a downward payment adjustment, CMS suggests that you submit a request for an information review.<sup>7</sup>

## Informal Review Request

ICMS's Weekly Digest Bulletin 0/31/2016 describes the following steps to request an informal review:

1. Go to the [Quality Reporting Communication Support Page \(CSP\)](#)
2. In the upper left-hand corner of the page, under "Related Links," select "Communication Support Page"
3. Select "Informal Review Request"
4. Select "PQRS Informal Review"
5. A new page will open
6. Enter Billing/Primary Taxpayer Identification Number (TIN), Individual Rendering National Provider Identifier (NPI), OR Practice Site ID # and select "submit". 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.<sup>8</sup>

Following the submission of an informal review request, CMS will investigate the payment adjustment determination and notify you within 90 days of their decision.<sup>9</sup> At that point the decision will be final and you will not be allowed to ask for any additional reviews.

### 2017 PQRS Timeline<sup>10</sup>

**January 1, 2017** – Reporting for the 2017 PQRS program year begins. Payment adjustments begin for group practices and individuals who did not satisfactorily report 2016 data.

**February 24, 2017** – Last day that 2016 claims will be processed to be counted for PQRS reporting that will determine the 2018 payment adjustments.



**February 28, 2017** – Last day to submit 2016 CQMs for dual participation in PQRS and the Medicare EHR Incentive Program.

**December 31, 2017** – Reporting for the 2017 PQRS program year ends.

## Additional PQRS Resources

### CMS PQRS Website

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

### PQRS FAQ's

<https://questions.cms.gov/faq.php?id=5005&rtopic=2141>

<sup>1</sup> CMS Payment Adjustment Fact Sheet (September 2016) Available from [https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/Downloads/2017PQRS\\_PaymentAdjustment-FactSheet.pdf](https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/Downloads/2017PQRS_PaymentAdjustment-FactSheet.pdf)

<sup>2</sup> Indem pg. 1

<sup>3</sup> Physician Quality Reporting System (PQRS) Available from <https://www.medicare.gov/physiciancompare/staticpages/data/pars.html>

<sup>4</sup> Physician Quality Reporting System: About PQRS. Available from <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/index.html>

<sup>5</sup> Payment Adjustment Information. Available from CMS at <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/Payment-Adjustment-Information.html>

<sup>6</sup> CMS Weekly Digest Bulletin 10/31/2016

<sup>7</sup> Ibid Ref #1

<sup>8</sup> Ibid Ref #6

<sup>9</sup> Ibid Ref #6

<sup>10</sup> Physician Quality Reporting System (PQRS) TIMELINE . Available from [https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/Downloads/2015-17\\_CMS\\_PQRS\\_Timeline.pdf](https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/Downloads/2015-17_CMS_PQRS_Timeline.pdf)

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**For more information, please contact Cheri Benander:**

**Cell: 615-636-9042**

**Main: 615-309-6053**

**Fax: 615-370-2859**

**[cheri.benander@healthtechs3.com](mailto:cheri.benander@healthtechs3.com)**

**5110 Maryland Way, Suite 200 | Brentwood, TN 37027**

**[www.healthtechs3.com](http://www.healthtechs3.com)**

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