



August 2013

## 2012 Physician Quality Reporting System (PQRS): Informal Review Made Simple

### Background

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Physician Quality Reporting System (PQRS) is a reporting program that uses a combination of incentive payments and payment adjustments to promote reporting of quality information by eligible professionals. The program provides an incentive payment to practices with eligible professionals (identified on claims by their individual National Provider Identifier [NPI] and Tax Identification Number [TIN]) who satisfactorily report data on quality measures for covered Physician Fee Schedule (PFS) services furnished to **Medicare Part B Fee-for-Service (FFS) beneficiaries**. Beginning in 2015, the program also applies a payment adjustment to eligible professionals who do not satisfactorily report data on quality measures for covered professional services. For complete information see the Centers for Medicare & Medicaid Services (CMS) PQRS website at <http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS>.

### Purpose

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This Fact Sheet provides step-by-step guidance for requesting an informal review of program year 2012 PQRS results during the informal review period, **November 1, 2013 through February 28, 2014**. This document applies only to 2012 PQRS 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

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- Eligible professionals, designated support staff/vendors, or GPRO contact staff can request a review of their 2012 PQRS incentive payment eligibility determination.
- The informal review will be for **all 2012 reporting transmission methods**, including:
  - Claims
  - Qualified registry
  - Qualified EHR
  - GPRO Web Interface (for group of 100 or more NPIs)
- Informal review will cover data submitted for dates of service from **January 1, 2012 through December 31, 2012**
- Those eligible professionals who reported via claims for the 2012 PQRS can request an informal review of quality-data codes (QDCs) submitted and processed into the National Claims History (NCH) file by **February 22, 2013** for inclusion in 2012 PQRS incentive eligibility analysis.

## How to Request an Informal Review of 2012 PQRS Incentive Eligibility

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In order to request an informal review of 2012 PQRS incentive eligibility, the data must be analyzed, and feedback reports must be made available for eligible professionals. CMS must receive a valid informal review request via the web-based tool, Quality Reporting Communication Support Page (Communication Support Page), during the informal review period, **November 1, 2013 through February 28, 2014**.

**STEP 1: Individual eligible professionals** or designated support staff will need to submit a request for an informal review for each individual rendering National Provider Identifier (NPI) for each TIN under which the requestor submitted 2012 PQRS QDCs or data. The informal review is at the TIN/NPI level; therefore, a separate request should be submitted for each TIN an NPI is questioning.

The **GPRO** contact person will need to request an informal review for the TIN under which the GPRO submitted 2012 PQRS QDCs or data.

**Qualified EHR vendors and registries** can request an informal review on behalf of their client(s). One request will need to be submitted for every provider 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:** To submit the request, go to the Communication Support Page at [https://www.qualitynet.org/portal/server.pt/community/communications\\_support\\_system/234](https://www.qualitynet.org/portal/server.pt/community/communications_support_system/234). The Communication Support Page will be available **November 1, 2013 through February 28, 2014**. CMS will announce the availability of the Communication Support Page through *MLN Connects Provider eNews*.

**STEP 3:** 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. To analyze the data, CMS must receive a valid informal review request via the Communication Support Page during the informal review period, **November 1, 2013 through February 28, 2014**. CMS or the QualityNet Help Desk may contact the requestor for additional information if necessary.

## Informal Review Decision

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Eligible professionals who submit valid requests for an informal review 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, and there will be no further review or appeal.***

## Additional Information

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- Eligible professionals can contact the **QualityNet Help Desk** for additional assistance regarding submitting a 2012 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 e-mail to [Qnetsupport@sdps.org](mailto:Qnetsupport@sdps.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.
- CMS will announce the availability of the final *2012 Physician Quality Reporting System (PQRS) Feedback Reports* via the CMS program websites mentioned above, and also via

*MLN Connects Provider eNews* (enroll to receive listserv e-mail messages at <http://www.cms.gov/Outreach-and-Education/Outreach/FFSProvPartProg/Index.html>). Data provided in the *2012 Physician Quality Reporting System (PQRS) Feedback Report* will be eligible for analysis through the informal review process.

- For more information on the claims and registry-based reporting mechanisms for PQRS, go to <http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/MeasuresCodes.html>.
- For more information on the EHR-based reporting mechanisms for PQRS, go to <http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/Electronic-Health-Record-Reporting.html>.
- For more information on participating in PQRS through the GPRO reporting option and GPRO reporting requirements for PQRS measures' data, go to [http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/CMS-Selected-Group\\_Practice\\_Reporting\\_Option.html](http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/CMS-Selected-Group_Practice_Reporting_Option.html).