



PRACTICE ALERT

2018 PQRS Negative Payment Adjustment

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The Centers for Medicare and Medicaid Services, (CMS) is currently informing clinical social workers who are Medicare Part B providers whether they will be receiving a 2018 Physician Quality Reporting System (PQRS) negative payment adjustment beginning January 1, 2018. The 2018 penalty for two percent is for Medicare providers who did not successfully meet the criteria for reporting quality services in 2016 under Medicare's Physician Fee Schedule. The penalty impacts solo and group practices, hospitals, and other health entities who did not report PQRS satisfactorily.

Accessing PQRS 2016 Reports

Clinical social workers can access a copy of their PQRS 2016 feedback report from the CMS Enterprise Portal at <https://portal.cms.gov/wps/portal/unauthportal/home/>. Accessing the PQRS feedback report is helpful in determining the rationale for the penalty. When encountering problems accessing the PQRS report, contact the QualityNet Help Desk at 1-866-288-8912 for assistance.

Informal Review

If the review of the feedback report reveals that the negative payment adjustment may have been applied in error, it is important to file a request for an

informal review immediately. An informal review is the process CMS uses to investigate whether the solo or group practice met the criteria for satisfactorily reporting PQRS 2016. To request an informal review, visit the Physician and Other Health Care Professionals Quality Reporting Portal at <https://qnpapp.qualitynet.org/pgrs/home.html>, then select “Communication Support Page” under “Related Links” in the upper left navigation pane. In the drop-down menu, select “Informal Review Request.” All fields must be completed on the informal review request form in order for CMS to conduct the review. Upon receipt of the informal review request, CMS will investigate the request and issue a decision. **An informal review request must be filed no later than December 1, 2017.**

Problems Encountered

Many clinical social workers reported PQRS successfully. Common errors that clinical social workers may have made included the following:

- Did not report enough measures
- Did not report any measures
- Reported incorrect measures
- Did not report cross-cutting measures
- Reported measures with 0 performance that did not count
- Met the measure performance requirement but did not report the measures on 50 percent of their Medicare population

NASW encourages its members to file an informal review request form by December 1, 2017 if they believe they have been inappropriately penalized. It is important to meet this deadline to have any errors corrected. Otherwise, there may not be another opportunity to do so. PQRS has been challenging to most Medicare providers. Clinical social workers should also be aware that 2018 PQRS penalties expand to many different types of Medicare providers including psychologists, psychiatrists, nurses, physical therapists, occupational therapists, and dieticians.

Looking to the Future

2018 is the last negative payment adjustment year for PQRS which ended on December 31, 2016. A new Quality Payment Program, has been established under the Medicare Access and Children Health Insurance Program Reauthorization Act of 2015 known as MACRA. Clinical social workers and other non-physician providers have until January 2019 to participate in MACRA. The Quality Payment Program has two tracks: Advanced Alternative Payment Models (APMs) and the Merit-Based Incentive Payment System (MIPS). Clinical social workers in private practice do quality for the second part of the Quality Payment Program which is MIPS, a traditional Medicare fee-for-service program. There are three ways to participate in MIPS: as an individual, group or virtual group or by the low volume threshold. Clinical social workers are likely to select the low volume threshold of reporting measures which exempts small practices from the Quality Payment Program who serve less than or equal to 200 Medicare Part B patients per year or who receive less than or equal to \$90,000 per year in Medicare Part B reimbursement.

Additional information about MACRA is available at <https://s3.amazonaws.com/public-inspection.federalregister.gov/2017-13010.pdf>. Additional information about the PQRS 2018 payment adjustment is available at https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/Downloads/2018_PA_ResourceDocument.pdf.