

CMS financial penalty letter stirs reactions against APA and the government
By Paula Hartman-Stein, Ph.D.
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An unknown number of Medicare providers received an unwelcome letter in November from the government, causing criticisms of the APA's Practice Directorate and the government appeals process.

Medicare providers, including psychologists, who were identified as not satisfactorily reporting under the Physicians Quality Reporting System (PQRS) in 2014 received notices that CMS (Center for Medicare and Medicaid Services) will apply a negative payment adjustment of 2 percent on all claims in 2016 beginning in January.

The exact number of providers who received the penalty letter had not been released at press time.

Some neuropsychologists blame the APA for misguiding them in the APA Practice Directorate's newsletter published in February 2014 that failed to notify that the Dementia Measures group could only be reported by joining a registry, a change from the 2013 regulations that had allowed claims-based reporting.

Kris Herfkens, Ph.D., a neuropsychologist from Durham, North Carolina, said she reported the Dementia Measures group using claims-based reporting in 2013 and 2014. When she received the recent penalty letter she reached out to CMS and to APA. "I used the APA resources and tried my best to report using claims-based reporting. I could never figure out what the problem was. I filed an appeal to get some understanding and received no specific feedback from the government."

According to Herfkens, APA staff said they discovered that articles published by the Practice Directorate in January and April 2014 correctly stated that the Dementia Measures Group was limited to registry reporting but that the February article was not updated on their website until November 2015. "APA steered me wrong for sure, but I just want them to correct it for others."

Herfkens said that APA staff is reaching out to CMS to explain the discrepancy and request that they take this into consideration when conducting informal reviews for psychologists who face the penalty in 2016.

Melissa Davies, Psy.D., a solo practitioner in Defiance, Ohio, who is only one of two psychologists in her county, avoided the penalty for 2015 but received the penalty letter for 2016. She said, "I received a response from CMS' appeals process a lot earlier than expected, but the information is not helpful. The denial said there would be no further review process. I have no certainty as to what went wrong and their response states they will not provide that information. It seems to be a totally ineffective process. It is such an unwieldy thing that many people want to give up. If the feedback would be more easily accessible more people would report the measures, but as it is now you are blindly doing what you think is right."

Davies said she is reporting in 2015 using the claims-based method. The screening measures resulted in one dramatically positive outcome. "One of my patients seen for chronic depression had a pain screen that was off the charts," she said. "I got her connected to her family doctor, and it was discovered she had a serious spinal condition that needed immediate surgical correction. If I had not given her that screen, she would have been unable to walk. That was one experience that showed me the value of the PQRS screening system. It took me by surprise."

Davies said that that providers must re-train themselves yearly in order to keep up with the ever changing requirements.

One psychologist who asked to remain anonymous voiced the following opinion in response to an informal poll by *The National Psychologist* using a national listserv, " PQRS cuts even more deeply into what remains of the useful clinical time with patients...Yes I will quite happily take the 2 percent fine. It is the best deal my patients had in years."

Psychologists who do not participate in 2016 will receive financial penalties in 2018. In reviewing the government website where the 2016 updates were published in mid-November 2015, some language has changed, a few measures have been retired such as the previous measure for depression in the Dementia Measures group, new measures have been added under the registry reporting that require the use of the Patient Health Questionnaire-9, and an additional CPT code has been added in measure 181, Elder maltreatment screen and follow up plan.

Alan Duretz, owner of Phybill, a medical billing and collections company, said, "If history can be predictive of the future, there will be more changes, but the Incentive based payment system is coming, likely in 2019." Duretz advises to look for partners, software, ways to help practices get ready, ways to allow practitioners to practice with effortless transparent compliance to maximize revenue."

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