Physician Quality Reporting System (PQRS)
Measure Validation Process

Frequently Asked Questions (FAQs)

1. How was my practice selected for the measure validation process?

   a. Your practice was chosen for measure validation based on analysis of your 2013 PQRS Program results.

2. Am I required to submit the requested information?

   a. No, you are not required to submit the requested information. However, Arch Systems encourages you to do so because supplying data for review allows CMS to continue to work toward their goal of improving the overall quality of the data submitted for the PQRS Incentive Program. Additionally, you will be reimbursed $.12 per page for the records you supply as part of the measure validation process.

3. What if I cannot submit the information within the stated timeframes?

   a. If you cannot submit the requested information within the stated timeframes, please contact the Arch Validation Team; to the extent possible, they will work with you to formulate a schedule that is mutually agreeable.

4. Can I designate someone in my practice to participate in this process on my behalf?

   a. Yes, you can assign a delegate to work with the Arch Validation Team as long as they can speak to the data submitted via Claims on your behalf for the 2013 Program year.

5. What if I do not have access to the requested records (e.g., records are maintained or owned by a prior practice or group, records were destroyed as a result of a natural disaster, or records are external to my practice)?

   a. If you do not have access to the requested records, please contact the Arch Validation Team. Please note that validation depends on your ability to document services and care that are reflected in your performance measure reporting.

6. What if I do not have 30 beneficiaries within the numerator group?

   a. You should supply the chart IDs and dates of birth for all beneficiaries within the numerator group; if that number is fewer than 30, you should also submit the chart IDs for all beneficiaries in the denominator and any that were subsequently excluded.

7. Is the information I will submit covered under HIPAA?

   a. Yes. The Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule permits disclosure of protected health information (PHI) without beneficiary authorization to carry out treatment, payment, or health care operations, and also for health oversight activities. When Medicare beneficiaries enroll in the Program, they are informed of Medicare's use of their PHI to carry out health care operations and health oversight activities. These audits are within the scope of CMS' Medicare healthcare operations and health oversight activities, and Arch Systems will request only the minimum data necessary to carry out these functions. Arch Systems performs health care operations and health oversight activities as a business associate of CMS.

8. How do I know that the PHI of my patients will be safeguarded?

   a. It is very important to CMS and Arch Systems that your privacy and that of your patients is protected during the execution of the measure validation process, which is designed around appropriate security safeguards. For example, the numerator data that Arch Systems requests must be provided in two separate files, encrypting it prior to submission. Additionally, after you have provided PHI from the medical record, it will be shredded unless it will be needed for subsequent documentation, in which case it will be redacted and stored in a secure site.

9. What will happen if the review finds that there are errors in the medical records submitted by my practice?

   a. The Arch Validation Team will create a summary report of your overall rate of compliance and provide this report to you and to CMS. In some cases, the Arch Validation Team may contact your practice to clarify information abstracted from the chart prior to completing the final report.

10. Will I receive the results of measure validation?

    a. Yes, a summary report will be provided to you at the conclusion of the process.

11. Will CMS be made aware of the results of the measure validation for my practice?

    a. Yes, CMS will also receive a report of the results.

12. What if I do not have access to a fax machine?

    a. If you do not have access to a fax machine, please contact the Arch Validation Team.

13. What if I accidentally fax the requested PHI to the wrong fax number?

    a. The measure validation process requires that you use a fax cover page that was designed specifically for the process. This cover sheet includes the following language at the bottom:

Figure 1: Verification of Receipt of FAX Wording

Arch Systems also recommends that you contact the Arch Validation Team in advance of sending the fax so they know to expect your information. If you fax the information to the wrong fax number and are not immediately contacted by the unintended recipient, you should reach out to them and either ask them to destroy the information in a secure manner (such as shredding) or to mail the hard copies back to you. You are also responsible for addressing any HIPAA obligations that you may have, including, but not limited to, those under the Privacy, Security, or Breach Notification Rules.

14. Why do I have to use PKWARE SecureZIP to send the Chart IDs and Patient Dates of Birth to Arch?

   a. SecureZIP is a software utility that is the CMS standard for safely sharing and delivering files and data as it meets the FIPS 140-2 requirement for encryption. For more information on SecureZIP, please visit the following link:

   http://www.pkware.com/?gclid=CIiiv-Wps78CFXNo7AodImQA3A

15. How do I create a file using SecureZIP?

   a. SecureZIP integration with Microsoft Office allows you to save zipped and encrypted files directly to your storage media from Word, Excel, or PowerPoint. By selecting "Save as Secure ZIP File," your files are compressed and encrypted automatically. SecureZIP integration with Microsoft Office and Outlook also allows users to send zipped and encrypted files as email attachments directly from Office applications. (From PKWARE datasheet: http://www.pkware.com/documents/datasheets/SecureZIPDesktop.pdf#zoom=100)

16. What if I do not have the SecureZIP software?

   a. If you do not have the software, you can visit the following link to obtain it.

   http://www.pkware.com/software/securezip/windows

   If your need is short-term, you may want to consider downloading the free trial version of the software.

17. Why do I have to send the password for the numerator list in a separate email?

   a. It is considered best practice when handling password-protected files to send the password in a separate email. If an unintended recipient were to intercept the file containing the data, they would be unable to access the data without the password. This would not be the case if the data and password were sent in the same email.

18. Why do I have to separate the Patient Date of Birth and Patient Chart ID into two files?

    a. In order to protect the PII of the patients, Arch Systems requests that you send the information in two separate files. Should one of the files fall into the wrong hands, the unintended recipient would be unable to determine the identity of the patient just based on the date of birth or chart ID in isolation.

19. What will the CMS contractor do with my records after the measure validation process is completed?

    a. If there are no errors found, the records will be destroyed. If there are errors found, the Arch Validation Team will document the errors, redact certain common identifiers from the record, and store the record in a secure location. At the conclusion of the process, all records will be given to CMS.

20. How will measure validation using medical record data help CMS improve the quality of PQRS and eRx reporting?

    a. Validation will allow the Arch Validation Team to estimate the overall rate of reporting error for PQRS and eRx, and to identify measures or measure types for which reporting errors are most prevalent and the most common sources of those errors. Arch Systems will use this analysis to make recommendations to CMS about how to improve the quality of the PQRS/eRx reporting.

21. Since this measure validation process is for 2013, will CMS engage in a similar process for other Program years?

    a. Yes. CMS continues to review data in an effort to identity data errors. Improving data integrity and validity is critical as CMS moves toward Value Based Purchasing and public reporting of quality measure results. (Please note: Just because you were selected for review for 2013 PQRS and/or eRx, does not necessarily mean your results will be reviewed or audited in subsequent Program years.)