2014 Physician Quality Reporting System (PQRS)
Qualified Clinical Data Registry (QCDR)

QCDR

Submission Overview

Disclaimer

This presentation was current at the time it was published or uploaded onto the web. Medicare policy changes frequently so links to the source documents have been provided within the document for your reference.

This presentation was prepared as a tool to assist providers and is not intended to grant rights or impose obligations. Although every reasonable effort has been made to assure the accuracy of the information within these pages, the ultimate responsibility for the correct submission of claims and response to any remittance advice lies with the provider of services. The Centers for Medicare & Medicaid Services (CMS) employees, agents, and staff make no representation, warranty, or guarantee that this compilation of Medicare information is error-free and will bear no responsibility or liability for the results or consequences of the use of this guide. This publication is a general summary that explains certain aspects of the Medicare Program, but is not a legal document. The official Medicare Program provisions are contained in the relevant laws, regulations, and rulings.

Agenda

- Data Submission
- QCDR XML Specifications
- QRDA Category III XML Specifications
- Identity Management Account
- Test Submission
- Production Submission
- Help and Resources

Purpose

- This presentation provides submission information for the Physician Quality Reporting System (PQRS) participation option of Qualified Clinical Data Registries (QCDRs) for the 2014 program year.

Disclaimer: If reporting for PQRS through another CMS program (such as the Medicare Shared Savings Program [MSSP], Comprehensive Primary Care Initiative [CPC], Pioneer Accountable Care Organizations [ACOs]), please check the program's requirements for information on how to report quality data to earn a PQRS incentive and/or avoid the PQRS payment adjustment. Please note, although CMS has attempted to align or adopt similar reporting requirements across programs, eligible professionals should look to the respective quality program to ensure they satisfy the PQRS, EHR Incentive Program, Value-Based Payment Modifier (VM), etc. requirements of each of these programs.

Data Submission

Data Submission

- QCDRs will aggregate and calculate measure data on behalf of their EPs.
- QCDRs must be able to collect all needed data elements and transmit the data to CMS in one of two formats.
  - QCDR XML
  - Quality Reporting Data Architecture (QRDA) Category III

Program	PQRS Only	PQRS and EHR Incentive Program
Data Submission File Type	QCDR XML	QRDA Category III

Data Submission

- QCDR XML
  - The CMS-approved QCDR XML format must be used when submitting PQRS-specified measures or QCDR-specified measures for purposes of PQRS participation.
  - The QCDR XML Specifications will be available in **July 2014** on the Qualified Clinical Data Registry Reporting webpage of the PQRS website: http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/Qualified-Clinical-Data-Registry-Reporting.html.
- QRDA Category III
  - The QRDA category III format must **only** be used when submitting the eCQMs for purposes of PQRS and EHR Incentive Program participation. Please note that the correct version of eCQM specifications must be used.
  - The QRDA Category III specifications are available on the Clinical Quality Measure webpage of the EHR Incentive Program website: http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/ClinicalQualityMeasures.html

QCDR XML Specifications

QCDR XML Specifications

- XML Tips
  - <qcdr-name>
    - The name of the QCDR must be used for this element.
  - <qcdr-id>
    - The tax identification number of the QCDR must be used for this element.
  - <npi>
    - The individual NPI can be found in form field 24-J of the CMS-1500 claim form.
    - Individual EP data must include the individual NPI of the EP. A group NPI must not be submitted.
  - <tin>
    - The TIN can be found in form field 25 of the CMS-1500 claim form.

QCDR XML Specifications

- <waiver-signed>
  - A waiver (provider consent / business associate agreement) indicates the eligible professional has given the QCDR permission to submit data on their behalf.
  - A waiver must be signed by the eligible professional **prior** to the data being submitted.
- <qcdr-measure-number>
  - Only approved 2014 measures are able to be submitted. Please make sure that the measures you are submitting have been approved for the 2014 QCDR reporting year.
    - Approved measures include:
      - Claims/Registry Individual Measures
      - Measures Group Only Measures
      - GPRO/ACO Measures
      - eCQMs
      - QCDR's CMS-Approved Non-PQRS Measures

QCDR XML Specifications

- <measure-strata-num>
  - » Some of the 2014 PQRS Registry measures and non-PQRS measures, will be calculated with more than one performance rate as indicated in the measures specifications.
  - » The measure specifications will indicate what number should be used as the <measure-strata-num>.
    - Example:

      Measure #7(NQF 0070): Coronary Artery Disease (CAD): Beta-Blocker Therapy – Prior Myocardial Infarction (MI) or Left Ventricular Systolic Dysfunction (LVEF < 40%)

      - » This measure will be calculated with 2 performance rates:
        - (1) Percentage of patients with a diagnosis of CAD or history of cardiac surgery who have a current or prior LVEF < 40% prescribed a beta blocker.
        - (2) Percentage of patients with a diagnosis of CAD or history of cardiac surgery who have prior myocardial infarction prescribed a beta blocker.

QCDR XML Specifications

- <measure-strata-num> (continued)
  - The <measure-strata-num> element is required and must be included in the XML file.
    - All XML data elements within the section including the opening tag of <pqrs-measure-details> tag through the section closing tag of </pqrs-measure-details> will need to be included for each performance rate listed in the measure specifications (including <measure-strata-num>, <eligible-instances>, <meets-performance-instances>, <performance-exclusion-instances>, <performance-not-met-instances>, <reporting-rate>, <performance-rate>).
    - If an EP does not have data for each of the listed performance rates in the measure specifications, the tags for the entire <pqrs-measure-details> through </pqrs-measure-details> section are still required; however, a null value must be entered for the reporting rate (i.e. <reporting-rate xsi:nil="true"/>) and performance rate (i.e. <performance-rate xsi:nil="true"/>).

QCDR XML Specifications

- <initial-patient-population>
  - All eligible instances should be included in this element.
- <reporting-denominator>
  - All eligible instances, excluding denominator exclusions, should be included in this element.
  - Reporting Denominator = Initial Patient Population – Denominator Exclusions
- <performance-numerator>
  - Number of instances in which the quality action was performed.
  - Performance Numerator = Performance Mets
- <performance-not-met-instances
  - Number of instances in which the quality action was not performed.

QCDR XML Specifications

- <denominator-exceptions>*
  - A denominator exception is when a patient has a condition(s) that should remove a patient, procedure or unit of measurement from the denominator of the performance rate, only if the numerator criteria are not met.
- <denominator-exclusions>*
  - A denominator exclusion is when a patient has a condition(s) that should be removed from the measure population and denominator before determining if numerator criteria are met.
  - Denominator exclusions must be removed from the initial patient population to determine the reporting denominator.

**The 2014 Claims/Registry Individual Measure Specifications only uses the term exclusions; however some of the exclusions are exceptions and some are exclusions. QCDRs will need to evaluate the options and submit them in the appropriate category.*

QCDR XML Specifications

- <meets-performance-instances>, <performance-exclusion-instances> and <performance-not-met-instances>
  - » The "2014 Physician Quality Reporting System (PQRS) Quality-Data Code (QDC) Categories" outlines the performance met, performance not met, and performance exclusion options available for each claims-based and registry-based measures.

$$\text{Reporting Rate} = \frac{\text{<performance-numerator>+<denominator-exceptions>+<performance-not-met-instances>}}{\text{<reporting-denominator>}}$$

$$\text{Performance Rate} = \frac{\text{<performance-numerator>}}{\text{reporting numerator - <denominator-exceptions>}}$$

  - » 0% vs Null Performance Rates
    - 0% is a 0/1 performance equation
    - Null is a 0/0 performance equation (all performance exclusions)

QRDA Category III

QRDA Category III XML Specifications

- Quality Reporting Document Architecture (QRDA) Category III XML Report – Aggregate Quality Report.
  - Each report contains calculated summary data for one or more measures, for a specified population of patients, within a particular health system, over a specific period of time.
  - A QRDA Category III XML Report is wrapped by the <ClinicalDocument> element, and contains a header and a body.
    - The header lies between the <ClinicalDocument> and the <structuredBody> elements, and identifies and classifies the document and provides information on authorship, authentication, involved providers, and more.
    - The body contains the clinical report, which is wrapped by the <structuredBody> element, and which is divided up into document sections.

QRDA Category III XML Specifications

- In the Body, two sections are defined, which are wrapped by the <section> element.
  - The QRDA Category III Reporting Parameters section, which defines the reporting period.
  - The QRDA Category III Measure Section, which references the measures being reported against the associated aggregate scores.
- Each section contains a single narrative block, which is wrapped by the <text> element (this content is rendered in the web browsers) and various CDA entries, which are wrapped by the <entry> element. Each <entry> represents a quality measure.
- Entries in the QRDA Category III Measure Section represent all reported data for each referenced measure. The total number of patients in each population is reported, along with a breakdown of those numbers by strata and, for proportion measures, both the overall performance rate and reporting rate.

QRDA Category III XML Specifications

```
<ClinicalDocument>
  ... CDA Header ...
  <structuredBody>
    <section>
      <title>QRDA Category III Reporting Parameters</title>
      ...
    </section>
    <section>
      <title>QRDA Category III Measure Section</title>

      <!-- Measure Reference and Results template -->
      <organizer>eMeasure 0436: Anticoagulation Therapy for A Fib

        <!-- Performance Rate for Proportion Measure template -->
        <observation>Performance Rate: 83% (62% predicted)</observation>

        <!-- Measure Data template -->
        <observation>Initial Patient Population
          <!-- Aggregate Count template -->
          <observation>Count = 1000</observation>
        </observation>

        <!-- Measure Data template -->
        <observation>Numerator
          <!-- Aggregate Count template -->
          <observation>Count = 400 (300 predicted)</observation>
        </observation>

        ...
      </organizer>
    </section>
  </structuredBody>
</ClinicalDocument>
```

QRDA Category III
XML Specifications – Header elements

- <realmCode>
  - » Always reported as **<realmCode code="US"/>**
- <typeId>
  - » Always reported as **<typeId root="2.16.840.1.113883.1.3" extension="POCD_HD000040"/>**
  - » Represents that the QRDA-III Report is compliant with HL7 CDA R2
- <templateId>
  - » Always reported as **<templateId root="2.16.840.1.113883.10.20.27.1.2"/>**
  - » Represents that the QRDA-III Report is compliant with **the CMS Eligible Professional Programs Quality Reporting Document Architecture Category III, Release 1, Implementation Guide for 2014, Volume 2, Version 2.0, 04/18/2014**

QRDA Category III
XML Specifications – Header elements

- <id>
  - » globally unique identifier for the document
  - » Example: **<id root="26a42253-99f5-48e7-9274-b467c6c7f623"/>**
- <code>
  - » Always reported as **<code code="55184-6" codeSystem="2.16.840.1.113883.6.1" />**
  - » LOINC code **55184-6** means **Quality Reporting Document Architecture Calculated Summary Report**
- <effectiveTime>
  - » QRDA-III Report creation time
  - » Reported in the following format **<effectiveTime value="20150311061231-0500"/>**

QRDA Category III
XML Specifications – Header elements

- <confidentialityCode>
  - » Denotes the confidentiality of the document
  - » N – Normal, R – Restricted, V – Very Restricted
  - » Always reported as **<confidentialityCode codeSystem="2.16.840.1.113883.5.25" code="N"/>**
- <languageCode>
  - » Always reported as **<languageCode code="en"/>**
- <recordTarget>
  - » QRDA-III is an aggregate summary report, so recordTarget (patient demographics) is empty
  - » Always reported as follows:

```
<recordTarget>
        <patientRole>
                <id nullFlavor="NA"/>
        </patientRole>
</recordTarget>
```

Identity Management Account

Identity Management Account

- Each QCDR must have an identity management account to submit test and production data.
  - IACS Accounts are the current identity management account used by PQRS.
    - Please note that the identity management system may be updated this year. Please watch for information posted on the PQRS website, the PQRS Portal and conveyed at the National Provider Calls.

Identity Management Account

- IACS Accounts
  - IACS Account Users are responsible for submissions.
  - QCDRs should obtain their IACS accounts as early as possible to prevent delays in test or production submissions.
  - QCDRs may acquire an unlimited number of IACS accounts.
    - QCDRs should have back-up submitter accounts to plan for unplanned absences.
  - IACS Account holders are limited to 1 account per person
    - One account can be associated with multiple TINS.
    - One account can be associated with multiple roles
    - An existing IACS account can't be transferred to another individual; however a new account can be created.

Identity Management Account

- For assistance with new and existing IACS accounts, review the Quick Reference Guides located at: https://www.qualitynet.org/portal/server.pt/gateway/PTARGS_0_207_374_212_229_43/http%3B/pdpqap42-app.sdps.org%3B7087/publishedcontent/publish/pqri_content/pqri_guest_community/userrefguide.html

Test Submission

Test Submission

- CMS strongly encourages that QCDRs perform the file testing for the aggregate XML file and/or QRDA category III file.
  - Test submissions will help QCDRs to understand what components are required and alleviate issues with the file format and submission that may occur when submitting the quality measure data.
- QCDRs utilize the Submission Engine Validation Tool (SEVT) for test submissions only.
  - The SEVT will be updated and available for testing with the 2014 QCDR XML Specifications in **December 2014**.
  - The SEVT will be updated and available for testing with the 2014 QRDA Category III Implementation Guide in **October 2014**.

Test Submission

- SEVT Information
  - The SEVT is available for testing year round.
  - The SEVT will validate individual files up to 1.2 MB.
    - Zip files can't be submitted to the SEVT.
  - The SEVT validates file format not content.
  - For security reasons, only test data should be submitted to the SEVT.
  - User receives real-time information indicating if an uploaded file was accepted or rejected. If rejected, error information is displayed.
  - User access defines ability to validate a file.
  - A PQRS SEVT User Guide is posted on the landing page of the PQRS portal (http://www.qualitynet.org/PQRS).

Production Submission

Production Submission

- PQRS Only
  - QCDRs must submit the quality measure data, in the proper format, to CMS, by **March 31, 2015.**
  - The PQRS Portal is used for production submission.
    - http://qualitynet.org/pqrs
- PQRS and EHR Incentive Program
  - QCDRs must submit the quality measure data, in the proper format, to CMS, by **February 28, 2015.**
  - Please note that the difference in dates is due to a deadline for the EHR Incentive Program. Any submissions that occur **after February 28, 2015,** will not be processed for the EHR Incentive Program.
  - The PQRS Portal is used for production submission.
    - http://qualitynet.org/pqrs

* Submit early and often to ensure data is submitted and questions/issues can be resolved prior to the end of the submission period.

Production Submission

- Data Submission Size Restrictions
  - QCDR XML files must be greater than 0 bytes, but not exceed 80 MB.
  - QRDA Category III must be greater than 0 bytes, but not exceed 10 MB.
  - Production files of the same file type may be zipped.
- Submission User Guides
  - Submission User Guides are available on the PQRS portal (https://www.qualitynet.org/pqrs) in the User Guide section on the lower left pane.
    - PQRS Portal User Guide
    - PQRS SEVT User Guide
    - PQRS Submission User Guide
    - PQRS Submission Report User Guide

Production Submission

- Final Action Processing (FAP)
  - Final Action Processing (FAP) rules apply when submitting multiple files for the same eligible professional through the PQRS Portal. The portal system will identify the most recent file submission (based on submission portal timestamp, file version number, and submission identifier order) and mark the most recent submission as final and all of the previous submissions will be marked not final according to the following FAP rank, which differ slightly by format as follows:
    - **QCDR XML format** – submission portal timestamp, file version number, submission identifier, provider TIN, provider NPI, measure number, and measure stratification number.
    - **QRDA Category III format** – submission portal timestamp, file version number, submission identifier, program name, provider TIN, and provider NPI (optional for GPRO).
  - Only submissions marked as final will be used for analysis when determining incentive eligibility. Please make sure that all of the measures and related data are included in the final submission so that all of the data will be used for determining incentive eligibility.

Production Submission

- Final Action Processing (FAP) Example

  If a QCDR submits the following measures for the same TIN/NPI:
  - Measures 1, 2, and 3 on Monday
  - Measures 3, 4, and 5 on Tuesday

  Measure 3 data submitted on Tuesday would be marked for final processing along with measures 1, 2, 4, and 5.

  The data submitted for measure 3 on Monday would not be marked for final processing and will not be included for PQRS analysis.

Program Lessons Learned

Program Lessons Learned

- Data Quality Lessons Learned
  - TIN/NPIs submitted during the production submission process need to be accurate, revisions are not possible after submission to CMS.
    - Ensure TIN/NPI combinations are accurate.
      - Include TIN/NPI combinations on Provider Consents for verification of accuracy
      - Verify TIN/NPI combinations submitted on Medicare Claims
      - Request tax documentation to confirm TINs
      - Use national database like NPPES to confirm NPIs
    - Individual NPIs should be used for reporting PQRS, not the group NPI.
    - Resubmissions will not be accepted once portal is closed.
  - TIN/NPIs must match what is used for Medicare billing.
  - TIN/NPI counts must match what is actually submitted.

Program Lessons Learned

- Submission Lessons Learned
  - Send in all data, not just for successful providers.
  - Begin preparing for submissions as early in the process as possible; do not wait until the deadline is near to begin. (It is not necessary to wait until you have all data from every provider/group before submitting.)
  - Ensure all questions are answered on calculation of various measure types (e.g. Patient process, patient intermediate, etc).
  - Verify that the data received from providers is accurate prior to submission.
  - Submit data for providers that are eligible to participate.
    - List of EPs for PQRS is located in the Downloads section at: http://cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/index.html?redirect=/pqrs.
    - List of EPs for the EHR Incentive Program is located at: http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/eligibility.html
  - Coding must ONLY be completed on CMS approved specifications.

Help Resources

Help Resources

- QualityNet Helpdesk –
  - Monday–Friday 7:00 AM–7:00 PM CT
    - 866-288-8912
    - qnetsupport@hcqis.org
- EHR Incentive Program EHR Information Center
  - 888-734-6433 (TTY 888-734-6563)
- VM Help Desk
  - 888-734-6433
  - pvhelpdesk@cms.hhs.gov