

# 2014 Physician Quality Reporting System (PQRS) Qualified Registry



## Qualified Registry Submission Overview

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# Agenda

- Data Submission
- Qualified Registry XML Specifications
- Identity Management Account
- Test Submission
- Production Submission
- Program Lessons Learned
- Help and Resources

# Purpose

- This presentation provides submission information for the Physician Quality Reporting System (PQRS) participation option of Qualified Registries 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

- Qualified registries aggregate measures and calculate the data on behalf of their EPs.
- Qualified registries must be able to collect all needed data elements and transmit the data to CMS in the CMS-approved Qualified Registry XML.
  - The Qualified Registry XML Specifications are available on the Registry Reporting webpage of the PQRS website:  
<http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/Registry-Reporting.html>.

Program	PQRS Only
Data Submission File Type	Qualified Registry XML

# **Qualified Registry XML Specifications**

# Qualified Registry XML Specifications

- Qualified Registry XML
  - The CMS-approved Qualified Registry XML format must be used when submitting registry individual measures or measures groups for purposes of PQRS reporting.
  - The Qualified Registry XML Specifications are available on the Registry Reporting webpage of the PQRS website:  
<http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/Registry-Reporting.html>.

# Qualified Registry XML Specifications

- XML Tips
  - <registry-name>
    - » The name of the qualified registry must be used for this element.
  - <registry-id>
    - » The tax identification number of the qualified registry must be used for this element.
  - <submission-type>
    - » This element has two options (Individual eligible professional or GPRO) to identify the type of submission.
    - » Each XML file is limited to a single submission type.
      - One XML file can only contain data for individual eligible professionals or GPROs, but can't contain data for both individual eligible professionals and GPROs.
      - One XML file will need to be submitted for each of the submission types.

# Qualified Registry XML Specifications

- <submission-method>
  - » Individual Measures
    - A=12 months, 50%, at least 9 measures covering 3 NQS domains
  - » Measures Groups
    - G=12 months, 20 patients, at least 1 measure group (G is not applicable for GPRO Registry Submission)
    - GPROs are not able to report measures groups, so the measures group selection would be an invalid option if the GPRO submission type is selected.
  - » Each XML file is limited to a single submission method.
    - One XML file can only contain data for individual eligible professionals or GPROs, but can't contain data for both individual eligible professionals and GPROs.
    - One XML file will need to be submitted for each of the submission methods.

# Qualified Registry XML Specifications

- <measure-group>
  - » This element should only contain one measures group option for each listing of this element. If multiple measures groups are being submitted, the element may repeat with additional entries.
  - » If GPRO data is being submitted, 'X = Not Applicable' must be used.
  - » If individual measures are being reported, 'X = Not Applicable' must be used.
- <gpro-type>
  - » If submitting GPRO data, this element must be populated with the appropriate GPRO type option (large, medium or small).
    - The GPRO type should be determined based on the size of the GPRO at the close of GPRO registration.

# Qualified Registry XML Specifications

- <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.
  - » If submitting GPRO data, the NPI value must not be submitted. Data should be aggregated at the TIN level for GPROs.
- <tin>
  - » The TIN can be found in form field 25 of the CMS-1500 claim form.
- <waiver-signed>
  - » A waiver (provider consent / business associate agreement) indicates the eligible professional or GPRO has given the registry permission to submit data on their behalf.
  - » A waiver must be signed by the eligible professional or GPRO **prior** to the data being submitted.

# Qualified Registry XML Specifications

- <measure-group-stat>
  - » The measure group stat element consists of the following sub-elements:
    - <ffs-patient-count>
    - <group-reporting-rate-numerator>
    - <group-eligible-instances>
    - <group-reporting-rate>
  - » The measure group stat element and its sub-elements are only required if measures group data is being submitted and only required if measure-group value is not 'X'.
- <ffs-patient-count>
  - » This element should contain the total number of Medicare Part B FFS patients seen for the PQRS measure group.
  - » The value populated in this element should reflect that at least a majority (11) of the patients are Medicare Part B FFS patients.

# Qualified Registry XML Specifications

- <group-reporting-rate-numerator>, <group-eligible-instances> and <group-reporting-rate>
  - » These elements must be determined for the measures group level and not at the individual measure within a measures group level.
- <pqrs-measure-number>
  - » Only 2014 PQRS registry measures are able to be submitted. Please make sure that the measures you are submitting are in the 2014 measure specifications, which are located on the CMS PQRS website, Measures Codes web page at: <http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/MeasuresCodes.html>
- <collection-method>
  - » This element must be populated with at least one of the valid values (EHR, Claims, Practice Management System, or Web Based Tool), but can be populated with all four, if applicable.

# Qualified Registry XML Specifications

- <measure-strata-num>
  - » Some of the 2014 PQRS registry 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 .

# Qualified Registry 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"/>` ).

# Qualified Registry 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 measure.
- <reporting-rate>

Reporting Rate =	$\frac{\langle \text{meets-performance-instances} \rangle + \langle \text{performance-exclusion-instances} \rangle + \langle \text{performance-not-met-instances} \rangle}{\langle \text{eligible-instances} \rangle}$
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- <performance-rate>

Performance Rate =	$\frac{\langle \text{meets-performance-instances} \rangle}{\text{reporting numerator} - \langle \text{performance-exclusion-instances} \rangle}$
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- » 0% vs Null Performance Rates
  - 0% is a 0/1 performance equation
  - Null is a 0/0 performance equation (all performance exclusions)

# **Identity Management Account**

# Identity Management Account

- Each qualified registry 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.
  - Qualified registries should obtain their IACS accounts as early as possible to prevent delays in test or production submissions.
  - Qualified registries may acquire an unlimited number of IACS accounts.
    - Qualified registries 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](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 Qualified Registries perform the file testing for the Qualified Registry XML file.
  - Test submissions will help Qualified Registries to understand what components are required and alleviate issues with the file format and submission that may occur when submitting the quality measure data.
- Qualified registries utilize the Submission Engine Validation Tool (SEVT) for test submissions only.
  - The SEVT will be updated and available for testing with the 2014 Qualified Registry XML Specification in **August 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

- Qualified registries must submit the quality measure data, in the proper format, to CMS, by **March 31, 2015**.
- The PQRS Portal is used for 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
  - Qualified Registry XML files must be greater than 0 bytes, but not exceed 80 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:
    - **Registry XML format** – submitter type ID (individual or GPRO), provider TIN, provider NPI, measure group identifier, measure number, and measure stratification number.
  - 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

Example,

If a Registry 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>.
  - 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
    - [gnetssupport@hcqis.org](mailto:gnetssupport@hcqis.org)
- VM Help Desk
  - 888-734-6433
  - [pvhelpdesk@cms.hhs.gov](mailto:pvhelpdesk@cms.hhs.gov)