



**User Guide:
2014 Physician Quality Reporting
System (PQRS) Individual Performance
Reports
9/02/2015**

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User Guide: 2014 Physician Quality Reporting System (PQRS) Individual Performance Reports

Purpose

The *2014 PQRS Individual Performance Report User Guide* is designed to help individual eligible professionals (EPs) understand and interpret individual performance of 2014 PQRS data. Individual performance reports provide a summary for individual PQRS reporters based on data submitted under each Taxpayer Identification Number/National Provider Identifier (TIN/NPI) combination, including performance information for measures where the quality-data codes (QDCs) or quality action data submitted met the measure-specific reporting criteria. The 2014 PQRS Individual Performance Reports do not indicate eligibility for incentive payments or subjectivity to future PQRS payment adjustments.

Note: The Individual Performance Reports only apply to individual EPs who participated in 2014 PQRS, and are separate from the 2014 PQRS Feedback Reports.

PQRS Overview

The 2006 Tax Relief and Health Care Act (TRHCA) authorized a physician quality reporting system, including an incentive payment, for EPs who satisfactorily reported data on quality measures for Medicare Part B Physician Fee Schedule (MPFS) covered professional services furnished to Medicare Fee-for-Service (FFS) beneficiaries during the second half of 2007. CMS named this program the Physician Quality Reporting Initiative (PQRI), which was renamed Physician Quality Reporting System (PQRS) in 2011.

PQRS was further modified as a result of The Medicare, Medicaid, and SCHIP Extension Act (MMSEA) and the Medicare Improvements for Patients and Providers Act of 2008 (MIPPA). MMSEA authorized CMS to establish two alternative reporting periods; the reporting of measures groups, and submission of data on PQRS quality measures through clinical data registries. The Affordable Care Act authorized payment adjustments beginning in 2015. For each program year, CMS implements PQRS through an annual rulemaking process published in the *Federal Register*. The program has expanded the number of measures and reporting options over time to facilitate quality reporting by a broad array of eligible professionals.

PQRS for the 2014 calendar year continued as a reporting program that included claims-, registry-, qualified clinical data registry (QCDR)-, electronic health record (EHR)-, CMS-certified survey vendor, and Group Practice Reporting Option (GPRO) Web Interface-based reporting of data. The reporting period for this program year was January 1, 2014-December 31, 2014. There were 19 mechanisms for satisfactorily reporting quality measures data for 2014 PQRS that differed based on the reporting period, the reporting option (individual measures or measures group[s]), and the selected data collection mechanism (claims, registry, QCDR, EHR, CMS-certified survey vendor, or GPRO Web Interface). In 2017, the program also applies a payment adjustment to EPs who do not satisfactorily report data on quality measures for covered professional services during the 2015 program year.

For more information on the 2015 PQRS, please visit [the CMS website](#).

Report Overview

The 2014 PQRS Individual Performance Reports reflect data from the MPFS claims received with January 1, 2014 – December 31, 2014 dates of service that were processed into the National Claims History (NCH) by February 27, 2015. A report will be generated for each TIN/NPI combination that reported PQRS data and will include all measures reported by the NPI, regardless of incentive eligibility.

2014 PQRS reporting mechanism for individual EPs included claims, qualified registry, QCDR, EHR direct, and EHR data submission vendor (DSV). Each TIN/NPI had the opportunity to participate in PQRS via multiple reporting methods. A valid submission was counted when the QDC or quality data action submitted met the measure-specific reporting criteria.

2014 PQRS individual performance reports are scheduled to be available in the fall of 2015. For more information, see [Placeholder for link and document title].

Note: *These reports may contain a partial or "masked" Social Security Number/Social Security Account Number (SSN/SSAN) as part of the TIN field. Care should be taken in the handling and disposition of these reports to protect the privacy of the individual practitioner with whom the SSN is potentially associated. Please ensure that these reports are handled appropriately and disposed of properly to avoid a potential Personally Identifiable Information (PII) exposure or Identity Theft risk.*

Participant Feedback Report Content and Appearance

For EPs reporting via multiple reporting mechanisms, the individual performance report will display each reporting mechanism for which valid quality data was received. All measures reported by the EP will be displayed on the report, even if the measure reporting was unsuccessful and the EP was not incentive eligible.

For more information on accessing 2014 PQRS feedback reports, group practices participating in the PQRS GPRO should visit [the Value-Based Payment Modifier page](#) of the CMS website.

Report Access and 2014 PQRS Feedback Reports

The *Quick Reference Guide (QRG) for Accessing the 2014 PQRS Feedback Reports* includes information on accessing the individual performance reports and can be found on [the Analysis and Payment page](#) of the CMS PQRS website.

In addition, the QRG illustrates how to access and generate 2014 PQRS Feedback Reports (TIN-Level), including the following:

- Earned Incentive Summary for Taxpayer Identification Number (Tax ID)
- Maintenance of Certification Program Incentive Summary
- PQRS Payment Adjustment Summary for Taxpayer Identification Number (Tax ID)

Example – Individual Performance Report

Figure 1: Claims Performance Information for Individual Measures

The number of reporting instances where the QDCs met the measure specific reporting criteria

The number of performance exclusions reported

Performance Rate is calculated by dividing the Performance Met by the Performance Denominator

The overall performance rate of multi-performance rate measures calculated as the (sum of all Performance Met for a Measure)/(sum of all Performance Denominators for a Measure), column only applies to multi-performance rate measures

| Claims Performance Information for Individual Measures | | | | | | | | | | | | | |
|--|---------------|------------------|-------------------------|---|---------------------------------|---|--|--|------------------------------|----------------------------------|-------------------------------|--|--|
| PQRS Measure # | NQF Measure # | CMS e-Measure ID | NQS Domain | Measure Title | Multi-Performance Rate Measure? | Reporting Numerator: Valid QDCs Reported ¹ (A) | Total # of Valid Exclusions ² (B) | Performance Denominator ³ (A-B) | Performance Met ⁴ | Performance Not Met ⁵ | Performance Rate ⁶ | Overall Performance Rate ¹⁰ | PQRS National Mean Performance Rate ⁷ |
| #36 | 244 | N/A | Effective Clinical Care | Stroke and Stroke Rehabilitation: Consideration of Rehabilitation Services | No | 42 | 10 | 32 | 18 | 14 | 56.25% | N/A | 82% |
| #51 | 91 | N/A | Effective Clinical Care | Chronic Obstructive Pulmonary Disease (COPD): Spirometry Evaluation | No | 180 | 80 | 100 | 80 | 20 | 80.00% | N/A | 50% |
| #52 | 102 | N/A | Effective Clinical Care | Chronic Obstructive Pulmonary Disease (COPD): Bronchodilator Therapy | No | 400 | 25 | 375 | 175 | 200 | 46.67% | N/A | 33% |
| #122 | AQA adopted | N/A | Effective Clinical Care | Percentage of patient visits with blood pressure results < 130/80 mmHg | Subset 001 | 74 | 4 | 70 | 68 | 2 | 97.14% | 93.97% | 95% |
| #122 | AQA adopted | N/A | Effective Clinical Care | Percentage of patient visits with blood pressure results 130/80 mmHg and plan of care | Subset 002 | 69 | 3 | 66 | 59 | 7 | 89.39% | 93.97% | 88% |
| #122 | AQA adopted | N/A | Effective Clinical Care | Overall percentage of patient visits with blood pressure results < 130/80 mmHg and 130/80 mmHg with a documented plan of care | Subset 003 | 64 | 1 | 63 | 60 | 3 | 95.24% | 93.97% | 78% |

"N/A" will display in this column when a measure is not a multi-performance rate measure

Figure 2: Aggregate Data Submitted via EHR (QRDA 3)

| Aggregate data submitted via electronic health record (QRDA 3) | | | | | | | | | | | | | | |
|--|---------------|------------------|-----------------------------|--|---------------------------------|---|--|---|--|------------------------------|----------------------------------|-------------------------------|---------------------------------------|--|
| PQRS Measure # | NQF Measure # | CMS e-Measure ID | NQS Domain | Measures Titles | Multi-Performance Rate Measure? | Reporting Numerator: Valid Quality Data Reported ¹ (A) | Total # of Valid Exclusions ² (B) | Total # Performance Exceptions ³ (C) | Performance Denominator ⁴ (A-B-C) | Performance Met ⁵ | Performance Not Met ⁶ | Performance Rate ⁷ | Overall Performance Rate ⁸ | PQRS National Mean Performance Rate ⁹ |
| #1 | 59 | CMS122v2 | Effective Clinical Care | Diabetes Mellitus: Hemoglobin A1c Poor Control in Diabetes Mellitus ^{10,11} | No | 376 | 0 | 0 | 376 | 376 | 0 | 100.00% | N/A | 98% |
| #2 | 64 | EP_CMS163v2 | Effective Clinical Care | Diabetes Low Density Lipoprotein (LDL-C) Control (<100mg/DL) | No | 980 | 0 | 100 | 880 | 700 | 0 | 0.00% | 0.00% | 41% |
| #110 | 41 | CMS147v2 | Community/Population Health | Preventive Care and Screening: Influenza Immunization for Patients ≥ 50 Years Old | No | 451 | 451 | 0 | 0 | 0 | N/A | NULL | N/A | 97% |
| #111 | 43 | CMS127v2 | Effective Clinical Care | Preventive Care and Screening: Pneumonia Vaccination for Patients 65 Years and Older | No | 382 | 0 | 9 | 373 | 373 | N/A | 100.00% | N/A | 98% |
| #113 | 34 | CMS130v2 | Effective Clinical Care | Preventive Care and Screening: Colorectal Cancer Screening | No | 336 | 0 | 0 | 336 | 336 | N/A | 100.00% | N/A | 99% |
| #380 | N/A | CMS179v2 | Patient Safety | ADE Prevention and Monitoring: Warfarin Time in Therapeutic Range | No | 382 | 9 | 0 | 373 | N/A | N/A | N/A | N/A | N/A |

The number of reporting instances where the quality action data submitted met the measure specific reporting criteria

The number of performance exclusions reported

Performance Rate is calculated by dividing the Performance Met by the Performance Denominator

Includes performance information for all TIN/NPI combinations submitting at least one QDC for the measure

0% measures do not count toward an incentive payment

"NULL" means all of the measure's performance eligible instances were performance exclusions

Figure 3: Aggregate Data Submitted via EHR (QRDA 1)

| Patient level data submitted via electronic health record (QRDA 1) | | | | | | | | | | | | | | |
|--|---------------|------------------|-------------------------------------|---|---------------------------------|---|--|---|--|------------------------------|----------------------------------|-------------------------------|---------------------------------------|--|
| PQRS Measure # | NQF Measure # | CMS e-Measure ID | NQS Domain | Measures Titles | Multi-Performance Rate Measure? | Reporting Numerator: Valid Quality Data Reported ¹ (A) | Total # of Valid Exclusions ² (B) | Total # Performance Exceptions ³ (C) | Performance Denominator ⁴ (A-B-C) | Performance Met ⁵ | Performance Not Met ⁶ | Performance Rate ⁷ | Overall Performance Rate ⁸ | PQRS National Mean Performance Rate ⁹ |
| #47 | 326 | N/A | Communication and Care Coordination | Advance Care Plan | No | 336 | 0 | 0 | 336 | 336 | N/A | 100.00% | N/A | 99% |
| #236 | 18 | CMS165v2 | Effective Clinical Care | Hypertension (HTN): Controlling High Blood Pressure | No | 451 | 451 | 0 | 0 | 0 | N/A | NULL | N/A | 97% |
| #238 | 22 | CMS156v2 | Patient Safety | Drugs to be Avoided in the Elderly | No | 376 | 0 | 0 | 376 | 376 | 0 | 100.00% | N/A | 98% |
| #239 | 24 | CMS155v2 | Community/Population Health | Weight Assessment and Counseling for Children and Adolescents | No | 336 | 0 | 0 | 336 | 336 | N/A | 100.00% | N/A | 99% |
| #240 | 38 | CMS117v2 | Community/Population Health | Childhood Immunization Status | No | 375 | 0 | 0 | 375 | 375 | N/A | 100.00% | N/A | 100% |

The number of reporting instances where the quality action data submitted met the measure specific reporting criteria

The number of performance exclusions reported

Performance Rate is calculated by dividing the Performance Met by the Performance Denominator

Includes performance information for all TIN/NPI combinations submitting at least one QDC for the measure

"NULL" means all of the measure's performance eligible instances were performance exclusions

Figure 4: Registry Performance Information for Individual Measures

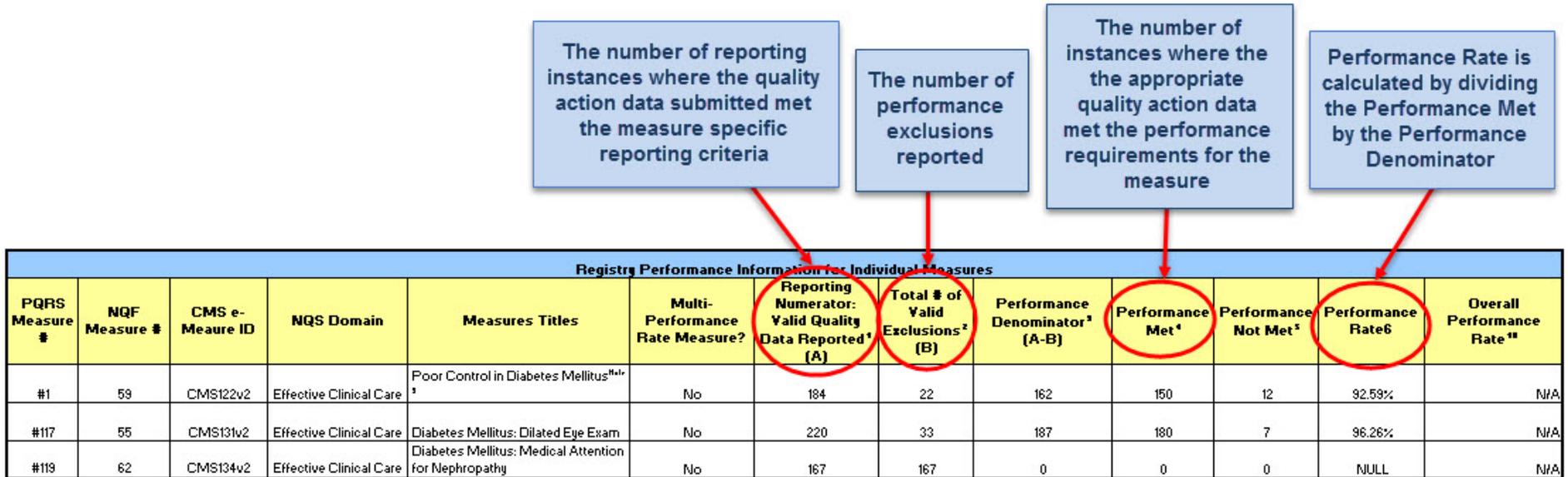


Figure 5: Qualified Clinical Data Registry (XML) Performance Information for Individual Measures

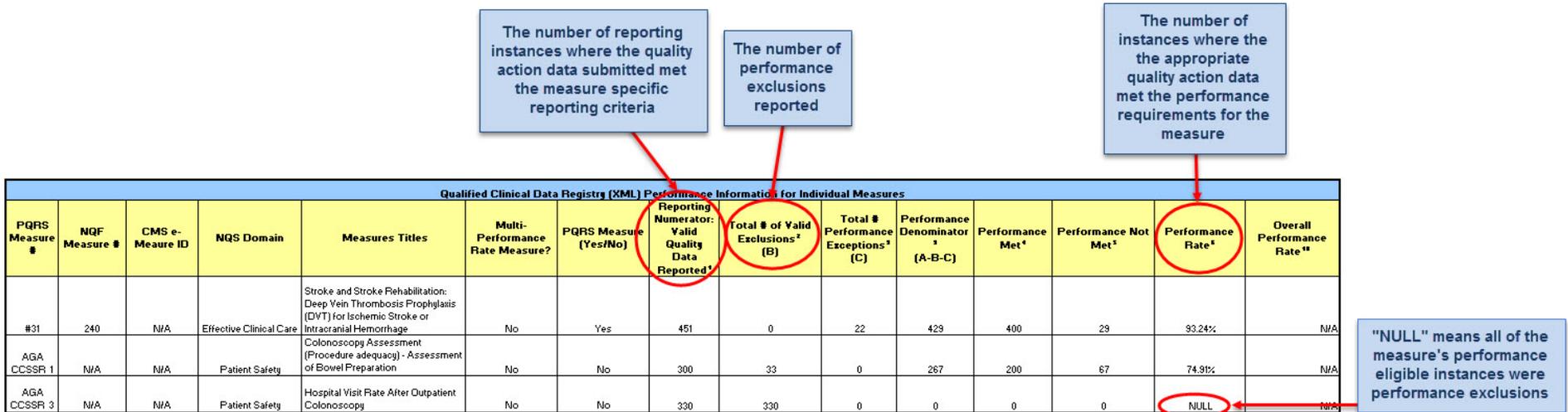


Figure 6: Registry Performance Information for the 20 Patients Measures Groups Method

Each measure within the measures group is analyzed as specified in the 2014 PQRS Measures Groups

The number of reporting instances where the quality action data submitted met the measure specific reporting criteria

Performance Rate is calculated by dividing the Performance Met by the Performance Denominator

| Registry Performance Information for the 20 Patients Measures Groups Method | | | | | | | | | | | |
|---|---------------|------------------|-------------------------------------|--|---|--|--|------------------------------|----------------------------------|-------------------------------|--|
| PQRS Measure # | NQF Measure # | CMS e-Measure ID | NQS Domain | Measures Groups (with Measures Titles) ¹ | Reporting Numerator: Valid Quality Data Reported ¹ (A) | Total # of Valid Exclusions ² (B) | Performance Denominator ³ (A-B) | Performance Met ⁴ | Performance Not Met ⁵ | Performance Rate ⁶ | |
| Diabetes Mellitus Measures Group | | | | | | | | | | | |
| #1 | 59 | CMS122v2 | Effective Clinical Care | Diabetes Mellitus: Hemoglobin A1c Poor Control in Diabetes Mellitus ^{Not⁶} | 30 | 0 | 30 | 27 | 3 | 90.00% | |
| #2 | 64 | CMS163v2 | Effective Clinical Care | Diabetes Mellitus: Low Density Lipoprotein (LDL-C) Control | 30 | 0 | 30 | 20 | 10 | 66.67% | |
| #117 | 55 | CMS131v2 | Effective Clinical Care | Diabetes Mellitus: Dilated Eye Exam | 30 | 0 | 30 | 30 | 0 | 100.00% | |
| #119 | 62 | CMS134v2 | Effective Clinical Care | Diabetes Mellitus: Medical Attention for Nephropathy | 30 | 0 | 30 | 28 | 2 | 93.33% | |
| #163 | 56 | CMS123v2 | Effective Clinical Care | Diabetes Mellitus: Foot Exam | 30 | 30 | 0 | 0 | 0 | NULL | |
| Rheumatoid Arthritis Measures Group | | | | | | | | | | | |
| #108 | 54 | N/A | Effective Clinical Care | Rheumatoid Arthritis (RA): Disease Modifying Anti-Rheumatic Drug (DMARD) Therapy | 320 | 32 | 288 | 278 | 10 | 96.53% | |
| #176 | AQA Adopted | N/A | Effective Clinical Care | Rheumatoid Arthritis (RA): Tuberculosis Screening | 320 | 18 | 302 | 233 | 69 | 77.15% | |
| #177 | AQA Adopted | N/A | Effective Clinical Care | Rheumatoid Arthritis (RA): Periodic Assessment of Disease Activity | 320 | 26 | 294 | 213 | 81 | 72.45% | |
| #178 | AQA Adopted | N/A | Effective Clinical Care | Rheumatoid Arthritis (RA): Functional Status Assessment | 320 | 23 | 297 | 193 | 104 | 64.98% | |
| #179 | AQA Adopted | N/A | Effective Clinical Care | Rheumatoid Arthritis (RA): Assessment and Classification of Disease Prognosis | 320 | 33 | 287 | 181 | 106 | 63.07% | |
| #180 | AQA Adopted | N/A | Communication and Care Coordination | Rheumatoid Arthritis (RA): Glucocorticoid Management | 320 | 20 | 300 | 180 | 120 | 60.00% | |

"NULL" means all of the measure's performance eligible instances were performance exclusions

Help/Troubleshooting

The following are helpful hints and troubleshooting information:

- Adobe® Acrobat® Reader is required to view the feedback report in PDF format. You can download a free copy of the latest version of Adobe® Acrobat® Reader from <http://get.adobe.com/reader/?promoid=BUIGO>.
- The report may not function optimally, correctly, or at all with some older versions of Microsoft® Windows, Microsoft® Internet Explorer, Mozilla® Firefox, or Adobe® Acrobat® Reader.
- Feedback files for PQRS are generated in the 2007 version of Microsoft® Excel. Microsoft offers a free viewer application for opening Office 2007 files to users running Windows Server 2003, Windows XP, or Windows Vista Operating Systems. With Excel Viewer, you can open, view, and print Excel workbooks, even if you do not have Excel installed. You can also copy data from Excel Viewer to another program. However, you cannot edit data, save a workbook, or create a new workbook. This download is a replacement for Excel Viewer 97 and all previous Excel Viewer versions. See <http://www.microsoft.com/download/en/details.aspx?DisplayLang=en&id=10> to download the free Microsoft® Excel Viewer.
- One of the format options for the feedback report is Character Separated Values (.csv) files. This is a commonly recognized delimited data format that has fields/columns separated by the comma character or other character and records/rows separated by a line feed or a carriage return and line feed pair. Csv files generated for the PQRS feedback report will use the [tab] as the delimiting character. The .csv file type is generally accepted by spreadsheet programs and database management systems using the application's native features.
- Users may need to turn off their web browser's Pop-up Blocker or temporarily allow Pop-up files in order to download the PQRS feedback report.
- Regardless of the format, users should preview their feedback reports prior to printing. In Microsoft® Excel, view Print Preview to ensure all worksheets show as fit to one page.
- Contact your Part A/Part B(A/B) Medicare Administrative Contractor (MAC) with general payment questions. The Review Contactor Directory – Interactive Map offers state-specific CMS contactor contact information at: <https://www.cms.gov/Research-Statistics-Data-and-Systems/Monitoring-Programs/Medicare-FFS-Compliance-Programs/Review-Contractor-Directory-Interactive-Map/>.
- For additional assistance, contact the QualityNet Help Desk at 866-288-8912 (TTY 877-715-6222) or qnetsupport@hcqis.org (Monday-Friday 7:00 a.m.-7:00 p.m. Central Time).

Frequent Concerns

- PQRS participants will not receive claims-specific detail in the feedback reports, but rather overall reporting detail.
- 2014 PQRS feedback reports are scheduled to be available in the fall of 2015.
- Historical feedback reports for multiple years are accessible via the Physician and Other Health Care Professionals Quality Reporting Portal (Portal), while 2014 and beyond will be available via the Quality and Resource Use Reports (QRURs) site.
- The 2014 Annual QRURs (AQRUR) will be available for solo practitioners and groups in the Fall of 2015. Every group and solo practitioner nationwide who reported at least one quality or cost measure with at least one eligible case during the performance period of January 1 to December 30, 2014 will have a report available. The 2014 AQRURs will contain information on the group and solo practitioners' performance on the quality and cost measures used to calculate the 2016 [Value-Based Payment Modifier](#) (Value Modifier). More information about the 2014 AQRURs and how to access these reports will be made available through the Physician Feedback/Value Modifier website at: <http://cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeedbackProgram/Obtain-2013-QRUR.html>.
- The 2014 AQRUR will be available for those who participated in the Medicare Shared Savings Program (MSSP), the Pioneer Accountable Care Organization (ACO) Model, or the Comprehensive Primary Care (CPC) initiative in 2014.

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Appendix A: 2014 PQRS Individual Performance Report Definitions

| Term | Definition |
|--|--|
| PQRS National Mean Performance Rate | The national mean Performance rate includes performance information for all TIN/NPI combinations submitting at least one quality-data code (QDC) for the measure. |
| Overall Performance Rate | <p>For multi-performance rate measures, an “overall” performance rate may be defined in the measures’ supporting documents.</p> <p>If an “overall” performance rate isn’t defined, one will be calculated using the following formula: (Sum of all Performance Met for a Measure) divided by (Sum of all Performance Denominators for a Measure)</p> |
| Performance Denominator | <p>Determined by subtracting the number of eligible instances excluded from the numerator of eligible reporting instances.</p> <p>The performance denominator is calculated using the following formula: Performance Met + Performance Not Met</p> |
| Performance Met | Refers to the number of instances the TIN/NPI submitted the appropriate quality-data code(s) (QDCs) or quality action data satisfactorily meeting the performance requirements for the measure. |
| Performance Not Met | Indicates instances where an 8P modifier, G-code or CPT II code is used to indicate the quality action was not provided for a reason not otherwise specified. |
| Performance Rate | <p>Calculated by dividing the Performance Met by the Performance denominator. Continuous variable measures (such as PQRS measure #380) don't have a traditional performance rate; the Performance Rate for these measures will display as "N/A". For multi-performance rate measures, the overall performance rate will be a composite of the performance rates for the measure subsets; if the measure specifications do not provide guidance on calculating an overall performance rate, the following formula was used: [the sum of the performance numerators in the measure subsets] divided by [the sum of the performance denominators in the measure subsets]. For QRDA 1 and QRDA 3 the system reflects the Performance Rate that is reported and is not recalculated. The Performance Rate is recalculated only for QCDR and Registry.</p> |
| Reporting Numerator | <p>Refers to the number of reporting instances where the quality-data codes (QDCs) or quality action data submitted met the measure specific reporting criteria.</p> <p>The reporting numerator is calculated using the following formula: Total # of Valid Exclusions + Performance Denominator</p> |
| Total Number of Valid Exclusions | <p>The number of medical, patient, system or other performance exclusions reported.</p> <ul style="list-style-type: none"> • Medical 1P: For each measure, the number (#) of instances the TIN/NPI submitted modifier 1P. • Patient 2P: For each measure, the number (#) of instances the TIN/NPI submitted modifier 2P. • System 3P: For each measure, the number (#) of instances the TIN/NPI submitted modifier 3P. • Other: Includes instances where a CPT II code, G-code, or 8P modifier is used as a performance exclusion for the measure. |