

2015 Physician Quality Reporting System (PQRS): Electronic Health Record (EHR) Reporting Made Simple

February 2015; Revised July 2015

Background

The Physician Quality Reporting System (PQRS) is a voluntary quality reporting program that applies a negative payment adjustment to promote the reporting of quality information by eligible professionals (EPs). The program applies a negative payment adjustment to practices with EPs, identified on claims by their individual National Provider Identifier (NPI) and Tax Identification Number (TIN), or group practices participating via the group practice reporting option (GPRO), referred to as PQRS group practices, who do not satisfactorily report data on quality measures for covered Medicare Physician Fee Schedule (MPFS) services furnished to Medicare Part B Fee-for-Service (FFS) beneficiaries (including Railroad Retirement Board and Medicare Secondary Payer). Beginning in 2015, the program will apply a negative payment adjustment to EPs and PQRS group practices who did not satisfactorily report data on quality measures for covered professional services in 2013. Those who report satisfactorily for the 2015 program year will avoid the 2017 PQRS negative payment adjustment.

For more information on PQRS or the payment adjustment, visit [the PQRS webpage](#).

This document applies only to EHR-based reporting for PQRS. It **does not** provide guidance for other Medicare or Medicaid incentive programs, such as the [Electronic Health Record \(EHR\) Incentive Program](#), or the [Value-based Modifier](#).

Purpose

This document outlines electronic reporting using an EHR for 2015 PQRS and applies to:

- Individual EPs who wish to report electronically using an EHR
- PQRS group practices that registered for electronic reporting using an EHR via the GPRO

Although this document briefly mentions the requirements for avoiding the 2017 PQRS payment adjustment, complete information is available on the [CMS PQRS website](#).

Reporting Criteria

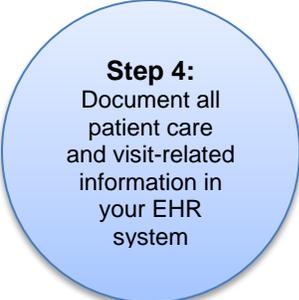
- 1) Individual EPs and PQRS group practices can avoid the 2017 PQRS payment adjustment by meeting the following criteria for satisfactory reporting:

Individual EPs	PQRS Group Practices
<ol style="list-style-type: none"> 1. Report on at least 9 measures across at least 3 National Quality Strategy (NQS) domains 2. Use a direct EHR product that is Certified EHR Technology (CEHRT) or EHR data submission vendor that is CEHRT <ul style="list-style-type: none"> o If the EP's CEHRT does not contain patient data for at least 9 measures across at least 3 domains, then the EP must report the measures for which there is Medicare patient data. An EP must report on at least 1 measure containing Medicare patient data. Report on all payers. <p>Note for EHR Incentive Program participants: If an EP satisfactorily reports for 2015 PQRS using the electronic reporting option, (s)he will also satisfy the CQM component of the EHR Incentive program; however, EPs will still be required to meet the other Meaningful Use objectives through the Medicare EHR Incentive Program Registration and Attestation System.</p>	<ol style="list-style-type: none"> 1. Registered to report via EHR under GPRO for PQRS 2. Report on at least 9 measures across at least 3 National Quality Strategy (NQS) domains 3. Use a direct EHR product that is Certified EHR Technology (CEHRT) or EHR data submission vendor that is CEHRT <ul style="list-style-type: none"> o If the PQRS group practice's CEHRT does not contain patient data for at least 9 measures across at least 3 domains, then the group practice must report the measures for which there is Medicare patient data. A group practice must report on at least 1 measure containing Medicare patient data. Report on all payers. <p>Note for EHR Incentive Program participants: If a PQRS group practice satisfactorily reports for 2015 PQRS using the electronic reporting option, the participating NPIs will also satisfy the CQM component of the EHR Incentive program; however, the individual EPs will still be required to meet the other Meaningful Use objectives through the Medicare EHR Incentive Program Registration and Attestation System.</p>

How to Get Started

Step	Instructions
 <p>Step 1: Determine if you are eligible to participate in PQRS</p>	<p>A list of professionals who are eligible to participate in PQRS is available on the CMS website. Read this list carefully, as not all providers are considered EPs.</p> <p>IMPORTANT: The PQRS definition of an EP differs from the Medicare EHR Incentive Program's definition. Find information on who is eligible to participate within the Medicare EHR Incentive Program.</p>

Step	Instructions
 <p data-bbox="266 600 435 730">Step 2: Determine which measures apply to your practice</p>	<p data-bbox="553 226 1414 373">The electronic clinical quality measures (eCQM) specifications are used for multiple programs, including the electronic reporting option for PQRS as well as the Medicare EHR Incentive Program, to reduce the burden on providers participating in multiple quality programs. EPs must select at least 9 measures across a minimum of 3 NQS domains.</p> <p data-bbox="553 407 829 432">Review Measures List</p> <p data-bbox="553 436 1414 583">PQRS electronic reporting using an EHR requires the use of specific versions of the eCQMs. Please reference the 2015 PQRS Measures List to find the appropriate versions of the eCQMs, as well as titles, descriptions, and associated domains for the measures. This document is available on the Measures Codes page of the CMS PQRS website.</p> <p data-bbox="553 617 829 642">Review Specifications</p> <p data-bbox="553 646 1414 762">Once you determine which measures apply to your practice, carefully review the eCQMs. Please refer to the Medicare EHR Incentive Program's eCQM Library webpage to obtain the 2015 eCQM specifications and supporting documentation.</p> <p data-bbox="553 795 1414 1035">As you read through the specifications, you will notice that each of the measures has a Numerator section (e.g., the quality performance action) associated with it and some measures also have performance exclusions listed in the Denominator Exclusion and/or Denominator Exception section. Each participating provider must report a minimum of 9 measures for Medicare Part B eligible instances (as identified in the Denominator Inclusion section). An instance is “eligible” for PQRS purposes when the code(s) matches the denominator inclusion criteria.</p> <p data-bbox="553 1068 1414 1121">IMPORTANT: EPs and group practices reporting electronically are required to use the July 2014 version of the eCQMs for 2015 reporting.</p>

Step	Instructions
 <p data-bbox="264 537 438 642">Step 3: Choose an ONC-Certified EHR Product</p>	<p data-bbox="550 226 1430 468">Since 2014, CMS has discontinued the PQRS qualification requirement for data submission vendors (DSV) and direct EHR vendors. The criteria for satisfactory electronic reporting using an EHR for PQRS are aligned with the clinical quality measure (CQM) component of the Medicare EHR Incentive Program, which requires EPs and group practices to submit CQMs using CEHRT. The Office of the National Coordinator for Health Information Technology (ONC) certification process has established standards and other criteria for structured data that EHRs must use.</p> <p data-bbox="550 497 1430 615">For purposes of PQRS, the EPs or group practices using a direct EHR product or EHR DSV must be certified to the specified eCQM versions. For more information on determining if your product is CEHRT, please visit the EHR Incentive Program Certified EHR Technology website.</p> <p data-bbox="550 644 1149 674">Direct EHR Vendor (also known as EHR Direct):</p> <p data-bbox="550 676 1419 764">Direct EHR vendors are those vendors who are certifying an EHR product and version for EPs or group practices to utilize to directly submit their measure data to CMS in the CMS-specified format(s) on their own behalf.</p> <p data-bbox="550 793 1011 823">EHR Data Submission Vendor (DSV)</p> <p data-bbox="550 825 1424 974">An EHR DSV is an entity that collects an individual EPs or group practices clinical quality data directly from the EP's or group practice's EHR. DSVs will be responsible for submitting measure data from an EP or group practice's certified EHR to CMS via a CMS-specified format on behalf of the EP or the group practice for the program year.</p>
 <p data-bbox="264 1066 438 1262">Step 4: Document all patient care and visit-related information in your EHR system</p>	<p data-bbox="550 1035 1430 1276">Ensure that you identify and capture all eligible cases per the measure denominator for each measure you choose to report, for all payers. It is important to review all of the denominator codes that can affect electronic reporting using an EHR, particularly for broadly applicable measures or measures that do not have an associated diagnosis (for example, CMS147v4 - Influenza Immunization), to ensure that the correct quality action is performed and reported for the eligible case as instructed in the measure specifications.</p>

Step	Instructions
 <p>Step 5: Register for an EIDM account</p>	<p>If you are using an EHR Data Submission Vendor to submit quality measure data, please proceed to step 7. You will not be required to register for an Enterprise Identity Management (EIDM) account to upload your files.</p> <p>If you are submitting quality measure data directly from your EHR system, you must register for an EIDM account.</p> <p>More information about how EPs can get an EIDM account is posted on the main page of the Physician and Other Health Care Professionals Quality Reporting Portal (Portal).</p> <p>Request the PQRS Submitter Role when registering for the EIDM account. If you already have an EIDM account, you will need to request adding the role to your account. Refer to the EIDM PV-PQRS Provider Role Request Quick Reference Guide posted on the Portal home page.</p> <p>PQRS Submitters will also need to request the appropriate QRMS role for the type of submission and reporting year.</p> <p>If you need assistance obtaining an EIDM account or requesting the appropriate roles, please contact the QualityNet Help Desk at 866-288-8912 (available 7 a.m. to 7 p.m. Central Time Monday through Friday, TTY 877-715-6222) or via e-mail at qnetsupport@hccgis.org. To avoid security violations, do not include personal identifying information, such as Social Security Number or TIN, in e-mail inquiries to the QualityNet Help Desk.</p>
 <p>Step 6: Create required reporting files</p>	<p>Work with your EHR vendor to create the required reporting files from your EHR system so they can be uploaded through the Portal using EIDM. If you are using CEHRT, it should already be programmed to generate these files.</p>
 <p>Step 7: Participate in testing to ensure submission</p>	<p>CMS strongly recommends that EPs participate in the recommended testing for data submission or ensure that their DSV participates prior to payment submissions to ensure that data errors do not occur. Speak with your EHR vendor or DSV (if applicable) to discuss any data submission issues.</p>

Step	Instructions
 <p data-bbox="272 506 440 611">Step 8 (For Vendors ONLY): Submit files</p>	<p data-bbox="553 226 1425 344">Submit final electronic reporting files with quality measure data or ensure that your DSV has submitted your files by the data submission deadline of February 29, 2016 to be analyzed and used for 2015 PQRS measure calculations.</p> <p data-bbox="553 373 1430 527">If reporting Quality Data Model (QDM)-based Quality Reporting Data Architecture (QRDA) Category I files, a single file must be uploaded/submitted for each patient. Files can be batched but there will be file upload size limits. It is likely that several batched files will need to be uploaded to the Portal for each EP or group practice.</p> <p data-bbox="553 556 1421 611">Following each successful file upload, notification will be sent to the EIDM user's email address indicating that the files were submitted and received.</p> <p data-bbox="553 640 1308 695">Submission reports will then be available to indicate file errors, if applicable.</p> <p data-bbox="553 724 1425 821">Reporting electronically via an EHR using the QRDA Category III format is one of two reporting methods (EHR and QCDR) that provide calculated reporting and performance rates to CMS.</p> <p data-bbox="553 850 1414 905">Additional guidance for QRDA Category I and III files can be found on the eCQM Library webpage.</p>

Additional Information

Register for weekly [MLN Connects Provider eNews](#) announcements.

- View more information on CMS PQRS [reporting requirements](#).
- View the latest information regarding the [PQRS Electronic Reporting Option](#).
- Learn more about the [Medicare EHR Incentive Program](#).
- Refer to the Medicare EHR Incentive Program's [eCQM Library webpage](#) to obtain the 2015 eCQM Specifications and supporting documentation.
- View [Certified EHR Technology Resources](#).
- View the [Physician and Other Health Care Professionals Quality Reporting Portal \(Portal\)](#) for user guides, including:
 - *PQRS Submission User Guide*
 - *PQRS Submission Report User Guide*
 - *Portal User Guide*
 - *Submission Engine Validation Tool (SEVT) User Guide*
 - *EIDM New PV-PQRS Provider Role request – Quick Reference Guide*

Questions?

Contact your EHR vendor or data submission vendor with technical questions and/or file submission errors. If your vendor is unable to answer your questions, or if you have questions regarding obtaining an EIDM account, please contact the **QualityNet Help Desk** at **1-866-288-8912** (TTY 1-877-715-6222), available 7 a.m. to 7 p.m. Central Time Monday through Friday, or via e-mail at qnetsupport@hcgis.org. To avoid security violations, **do not** include personal identifying information, such as Social Security Number or TIN, in email inquiries to the QualityNet Help Desk.

Appendix A: Participation Options for Reporting for the 2015 PQRS and EHR Incentive Program

Table 1: Clinical Quality Measures (CQMs) Submission via the EHR Incentive Program Attestation System for 2015

Participation Option	2015 Meaningful Use (MU) Stage	Reporting Period	Participation Guidelines	Program Credit
Option 1	First Year of Meaningful Use	3 months	<ol style="list-style-type: none"> EPs are required to collect CQM data for an EHR reporting period of any 90 consecutive days in 2015, and attest through the EHR Incentive Program Attestation System by 2/29/2016, in order to avoid the 2017 EHR Incentive Program payment adjustment. If the EP is seeking to attest early to retroactively avoid the 2017 payment adjustment they would otherwise receive for not participating in 2015, they must attest by October 1, 2015. Certified Electronic Health Record Technology (CEHRT) must be 2014 Edition. CEHRT does not need to be tested to July 2014 CQMs. 	EHR Incentive Program Only
Option 2	Beyond First Year of Meaningful Use	12 months	<ol style="list-style-type: none"> CEHRT must be 2014 Edition. CEHRT does not need to be tested to July 2014 CQMs. 	EHR Incentive Program Only

Note: Inquires about Table 1 participation options should be directed to the EHR Information Center at **(888) 734-6433**.

Table 2: eReport CQMs through Physician and Other Health Care Professionals Quality Reporting [Portal](#) (Portal)

Individual EPs and group practices reporting electronically are required to use the July 2014 version of the eCQMs for 2015 reporting.

Participation Options	Reporting Period	Participation Guidelines	Program Credit
Option 3	12 months	QRDA I 1. EP must electronically submit 12-months of CQM data through the Portal. 2. CEHRT must be 2014 Edition. 3. EP must select and report July 2014 version eCQMs. 4. During meaningful use attestation, indicate that CQMs will be electronically submitted).	EHR Incentive Program * PQRS
Option 4	12 months	QRDA III 1. EP must electronically submit 12-months of CQM data through the Portal. 2. CEHRT must be 2014 Edition. 3. EP must select and report July 2014 version eCQMs. 4. During meaningful use attestation, indicate that CQMs will be electronically submitted.	EHR Incentive Program * PQRS CPC
Option 5	12 months	GPRO Web Interface Populated with CEHRT (EP is part of a TIN participating in PQRS GPRO, or Medicare Shared Savings Program [Shared Saving Program], or Pioneer) 1. PQRS group practices, Shared Savings Program or Pioneer that is required to or has elected to submit via the GPRO Web Interface must populate the GPRO Web Interface with 12-months of CQM data. 2. All EPs within the group practice must be using CEHRT. 3. CEHRT must be 2014 Edition. 4. The 2015 GPRO Web Interface Narrative Measure Specifications must be used, these align with the July 2014 version eCQMs. 5. During meaningful use attestation, indicate that data will be electronically submitted.	EHR Incentive Program * PQRS

Option 6	12 months	CMS-Certified Survey Vendor in combination with GPRO Web Interface populated with CEHRT <ol style="list-style-type: none"> 1. PQRS group practice must populate the GPRO Web Interface with 12-months of CQM data and all of the CAHPS for PQRS summary survey modules via a CMS-Certified Survey Vendor. 2. All EPs within the group practice must be using CEHRT. 3. CEHRT must be 2014 Edition. 4. The 2015 GPRO Web Interface Narrative Measure Specifications must be used, these align with the July 2014 version eCQMs. During meaningful use attestation, indicate that CQMs will be electronically submitted 	EHR Incentive Program * PQRS
Option 7	12 months	CMS-Certified Survey Vendor in combination with EHR Direct or Data Submission Vendor, QRDA I or QRDA III <ol style="list-style-type: none"> 1. GPROs must submit on at least 6 measures across 2 domains for 12-months via the Portal and all of the CAHPS for PQRS summary survey modules via a CMS-Certified Survey Vendor. 2. All EPs within the group practice must be using CEHRT. 3. CEHRT must be 2014 Edition. 4. GPRO must select and report July 2014 version eCQMs. 5. During meaningful use attestation, indicate that CQMs will be electronically submitted. 	EHR Incentive Program * PQRS

Note: Inquires about Table 2 participation options should be directed to the QualityNet Help Desk at (866) 288-8912 or Qnetsupport@hcqis.org.

* EP will be required to individually report the other meaningful use objectives through the Medicare and Medicaid EHR Incentive Program Attestation System.