

2015 Physician Quality Reporting System (PQRS) Qualified Clinical Data Registry (QCDR) Training Guide

July 2015

Background

The Physician Quality Reporting System (PQRS) is a voluntary quality reporting program that uses negative payment adjustments to promote the reporting of quality information by eligible professionals (EPs). Participation in PQRS can either be at the individual EP level (analyzed by a unique Taxpayer Identification Number[TIN]/National Provider Identifier [NPI] combination) or at the group practice level (or TIN level) by participating through the group practice reporting option (GPRO), referred to as PQRS group practices. EPs 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) will receive a negative payment adjustment two years after the 2015 PQRS reporting period. Therefore, 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](#).

Purpose

This document provides information about reporting PQRS through a Qualified Clinical Data Registry (QCDR). It is intended for individual EPs and QCDR entities.

This document applies only to QCDR entities 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 Payment Modifier](#) (Value Modifier).

Note: If reporting for PQRS through another CMS program (such as the Comprehensive Primary Care Initiative), 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. Although CMS has attempted to align or adopt similar reporting requirements across programs, EPs should look to the respective quality program to ensure they satisfy the requirements for each program (PQRS, EHR Incentive Program, Value Modifier, etc.).

2015 QCDR Reporting Overview

What is a QCDR?

QCDR is a CMS approved entity that has self-nominated and successfully completed a qualification process that collects medical and/or clinical data for the purpose of patient and disease tracking to foster improvement in the quality of care provided to patients. Individual EPs can find a complete list of [2015 Qualified Clinical Data Registries](#) on the CMS PQRS website.

The data submitted to CMS via a QCDR covers quality measures across multiple payers and is not limited to Medicare beneficiaries. A QCDR is different from a qualified registry in that it is not limited to measures within PQRS. A QCDR may submit measures from one or more of the following categories with a maximum of 30 non-PQRS measures allowed:

- Clinical and Group Consumer Assessment of Healthcare Providers and Systems (CAHPS)
- National Quality Forum (NQF)-endorsed measures
- Current 2015 PQRS
- Measures used by boards or specialty societies
- Measures used in regional quality collaborations

Following is a snapshot of some of the criteria that QCDR entities are required to fulfill for the program year:



QCDR Entity Participation Requirements:

- Self-Nomination & Measure Information (PQRS and non-PQRS Measures)
- Submit non-PQRS Measure Specifications & Validation Strategy
- Test Submission
- Feedback
- Data Submission deadlines
- Benchmarking capability
- Risk adjust plan integrated with measure specifications
- Data Validation Execution Report
- QCDRs will need to participate in Public Reporting

See the [2015 PQRS: QCDR Submission Criteria](#) document for a complete list of requirements that QCDRs must fulfill and key dates for completing requirements.

Who is eligible to report via a QCDR?

The QCDR reporting mechanism is only available to EPs participating as individuals (at the NPI-level).

What are the benefits of participating via QCDR?

QCDR BENEFITS

- ✓ Working with the QCDR reduces burden on billing and reporting staff
- ✓ The QCDR provides direct assistance with compiling the needed data
- ✓ QCDRs are able to participate in test submissions allowing them to have minimal issues during the submission period
- ✓ The QCDR manages the submission
- ✓ Report one set of data to fulfill Medicare quality reporting program and specialty organizations requirements
- ✓ The ability to report on non-PQRS measures developed by the QCDR

Alignment with the EHR Incentive Program

The EHR Incentive Program provides incentive payments to EPs, eligible hospitals, and critical access hospitals (CAHs) as they adopt, implement, upgrade or demonstrate meaningful use of certified EHR technology. CMS will allow EPs, **beyond their first year** of demonstrating meaningful use, to submit electronic clinical quality measure (eCQM) information using QCDRs according to the definition and requirements set forth for the QCDRs.

QCDR entities that wish to report the eCQM reporting component of meaningful use for the Medicare EHR Incentive Program in 2015 must also satisfy the following criteria:

- Use 2014 Edition of Certified Electronic Health Record Technology (CEHRT) that meets all of the certification criteria required for eCQMs as required under the Medicare EHR Incentive Program.
- Report eCQMs included in the Stage 2 final rule and use the same electronic specifications established for the EHR Incentive Program. For 2015, PQRS will accept the June 2014 versions of the eCQMs under the EHR Incentive Program.
- Submit the eCQM data in a quality data reporting architecture (QRDA) Category III format.

2015 QCDR Submission Overview

QCDR entities will aggregate and calculate measure data on behalf of their clients. QCDRs must be able to collect all needed data elements and transmit the data to CMS in one of two formats, including QCDR Extensible Markup Language (XML) and QRDA-III. The following table illustrates the data files that can be used for each of the different Medicare physician quality reporting programs:

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

The following includes specifics about the two QCDR file formats:

1. 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.
 - QCDR XML Specifications for PQRS program year 2015 will be available in **July 2015** on the [Qualified Clinical Data Registry Reporting](#) webpage of the PQRS website.
2. QRDA-III*
 - The QRDA-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, which for program year 2015 is the July 2014 version.
 - 2015 QRDA Category III specifications for PQRS program year 2015 are available on the [Clinical Quality Measure](#) webpage of the EHR Incentive Program website.
 - The Implementation Guide for the 2015 QRDA Category III file format is currently posted on the [eCQM Library](#) page of the EHR Incentive Program website.

QCDRs may reference the Appendix of this document for [QCDR XML Specification Tips](#) and [QCDR QRDA Category III Specification Tips](#).

*Please know that data submitted via the QCDR XML and QRDA III will not be combined for purposes of meeting the reporting requirements.

Identity Management Account

Each QCDR must have an Identity Management account to submit test and production data. Please note that the Identity Management system will be updated this year. QCDRs should obtain their accounts as early as possible to prevent delays in test or production submission. Please watch for information posted on the PQRS website, the [Physician and Other Health Care Professionals Quality Reporting Portal](#) (Portal) and conveyed at the National Provider Calls. For assistance with new and existing Identity Management accounts, review the [Quick Reference Guides](#).

EPs participating in PQRS through a QCDR do not need an Identity Management account to submit PQRS data. However, EPs will need an Identity Management account to access confidential feedback [reports](#). EPs can access their feedback reports, which are at the TIN-level, and can request NPI-level reports as needed.

Test Submission

CMS strongly encourages QCDR entities to perform file testing for the aggregate XML file and/or QRDA-III file. Test submissions will help QCDR entities to understand what components are required and identify issues with the file format and submission that may occur when submitting the quality measure data. Test submission only validates the file format, not the file content. QCDR entities may utilize the Submission Engine Validation Tool (SEVT) for test submissions only. A PQRS SEVT User Guide is posted on the landing page of the [Portal](#).

SEVT Information

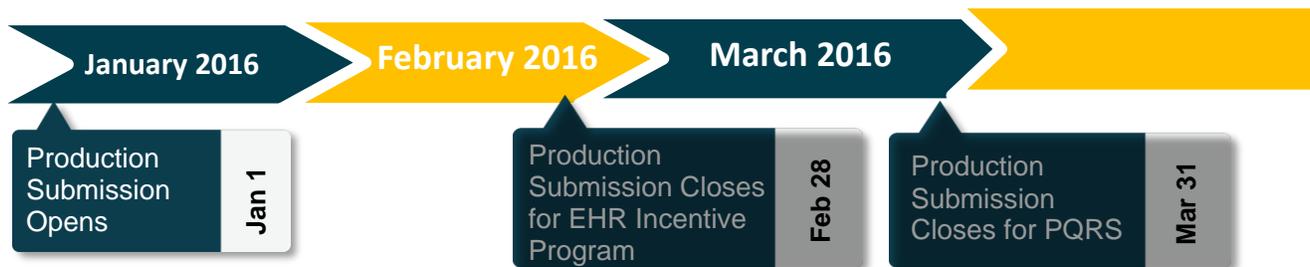
- The SEVT will be updated and available for 2015 QCDR XML Specifications in July 2015.
- The SEVT will be updated and available for 2015 QCDR QRDA Category III Implementation Guide in December 2015.
- The SEVT accepts individual XML files with a maximum size of 10 MB.
- Zip files can't be submitted to the SEVT.
- The SEVT validates file format not content.
- 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.

EPs are encouraged to discuss the SEVT process and outcome with their QCDR.

Production Submission

For submission to count for PQRS, QCDRs must submit the quality measure data, in the proper format, to CMS between **January 1, 2016 and March 31, 2016**. For submission to count for the EHR Incentive Program, QCDRs must submit quality measure data, in the proper format, to CMS between **January 1, 2016 and February 28, 2016**. Please note that the difference in dates is due to a deadline for the EHR Incentive Program. Any submissions that occur after February 28, 2016, will **not** be processed for the EHR Incentive Program.

Program Year 2015 Submission Timeline



Production Submission Information:

- QCDR XML files must be greater than 0 bytes, but not exceed 20 MB.
- QRDA-III must be greater than 0 bytes, but not exceed 20 MB.
- Production files of the same file type may be zipped.

CMS urges QCDRs to submit early and often to ensure data is submitted and questions/issues can be resolved prior to the end of the submission period. The [Portal](#) is used for submission. Submission User Guides are available on the PQRS portal in the User Guide section on the lower left pane for the following topics:

- PQRS Portal User Guide
- PQRS SEVT User Guide
- PQRS Submission User Guide
- PQRS Submission Report User Guide

Final Action Processing (FAP)

FAP rules apply when submitting multiple files for the same EP 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** – CMS Program Name (PQRS_INDIVIDUAL), QCDR Identifier (TIN), Provider TIN, Provider NPI, and Measure Number and Measure Reporting Option.
- **QRDA-III format** – submission portal timestamp, file version number, submission identifier, program name, provider TIN, and provider NPI.

Only submissions marked as **final** will be used for analysis when determining satisfactory participation. 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 satisfactory participation.

Lessons Learned from Previous Program Years

CMS has compiled the following list of lessons learned. This list provides valuable insight into how one can avoid errors when using the QCDR reporting mechanism.

Data Quality Lessons Learned

1. TIN/NPIs submitted during the production submission process need to be accurate; revisions are not possible after submission to CMS.
 - a. Ensure TIN/NPI combinations are accurate.
 - i. Include TIN/NPI combinations on Provider Consents for verification of accuracy
 - ii. Verify TIN/NPI combinations submitted on Medicare Claims
 - iii. Request tax documentation to confirm TINs
 - iv. Use national database like NPPES to confirm NPIs
 - b. **Individual NPIs should be used for reporting to PQRS, not the group NPI.**
 - c. Resubmissions will not be accepted once portal is closed.

2. TIN/NPIs must match what is used for Medicare billing.
3. TIN/NPI counts must match what is actually submitted.
4. Pay attention to error messages during submission to be sure that data has been submitted and accepted.
 - a. **QCDR QRDA Errors** - Valid data elements can be found in the [2015 QRDA III Implementation Guides for Eligible Professionals and Hospital Quality Reporting](#). Questions related to QDRA-III error and warning messages should be directed to the [ONC Issue Tracking System on JIRA](#).
 - b. **QCDR XML Errors** - See the [2015 PQRS Program Year 2015 QCDR XML Error Message](#) document for a complete list of error messages and descriptions about those messages. Questions related to QCDR XML error or warning messages should be directed to the QualityNet Help Desk.

Submission Lessons Learned

1. Send in all data, not just data for successful providers.
2. Begin preparing for submissions as early 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 EP before submitting.)
3. Ensure all questions are answered on the calculation of various measure types (e.g. patient process, patient intermediate, etc.).
4. Verify that the data received from EPs is accurate prior to submission.
5. Submit data for providers that are eligible to participate. See the [2015 PQRS List of EPs](#) and the [EHR Incentive Program List of EPs](#).
6. Coding must ONLY be developed using CMS approved measure specifications.

Additional Information

- For more information related to 2015 PQRS QCDR reporting, please refer to the [Qualified Clinical Data Registry Reporting](#) page of the CMS website.
- For more information related to the 2015 PQRS payment adjustment, please refer to the [PQRS webpage](#) on the CMS website.
- Attend CMS National Provider Calls for PQRS program information. Call topics and registration information can be found on the [CMS Sponsored Calls](#) page of the CMS PQRS website.
- EPs may subscribe to the Medicare FFS Provider ListServ communications, [click here](#) for registration information.
- Vendors may subscribe to the Medicare FFS Provider ListServ, [click here](#) for registration information.
- For more information on the Value Modifier, go to the [Value Modifier](#) page of the Medicare FFS Physician Feedback Program/Value-Based Payment Modifier website
- All 2015 individual EP quality measure data collected via any reporting mechanism are available for public reporting on Physician Compare in July 2016. For more information on public reporting of QCDR data, view the QCDR section of the [CMS Physician Compare Initiative](#) website or email questions to the [Physician Compare support team](#).
- To find answers to frequently asked questions, visit the [CMS FAQ webpage](#).

Questions?

Contact the Quality Net Help Desk

 866-288-8912 (TTY 877-715-6222)

 7:00 a.m. – 7:00 p.m. CT Mon-Fri
gnetssupport@hcqis.org

NOTE: 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

Table 1: XML Element Descriptions for QCDR Vendors

The following QCDR XML tips are to assist QCDR vendors during submission:

XML Element	Description
<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.
<cms-program-name>	This identifies the CMS Program Name for which this data is being submitted. In this case, that is always PQRS_INDIVIDUAL
<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.
<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.
<measure-number>	Only approved 2015 measures are able to be submitted. Please make sure that the measures you are submitting have been approved for the 2015 QCDR reporting year. Approved measures include: <ul style="list-style-type: none"> • Claims/Registry Individual Measures • Measures Group Only Measures • GPRO/ACO Measures • eCQMs • QCDR's CMS-Approved Non-PQRS Measures
<alternate-measure-number>	This element should contain the alternate measure number associated with the PQRS measure number, GPRO Web Interface measure identifier or the CMS ID for eCQMs, if applicable.
<measure-reporting-option>	QCDRs are able to support claims-based measures, registry-based measures, EHR-based measures (eCQMs), GPRO web interface measures and QCDR non-PQRS measures. This element should contain which set of measures specifications are being used for the measure being reported.

XML Element	Description
<measure-strata-num>	<p>Some of the 2015 PQRS Registry measures and non-PQRS measures will be calculated with more than one performance rate as indicated in the measures specifications.</p> <p>The measure specifications will indicate what number should be used as the <measure-strata-num>.</p> <p>Example: Measure #7(NQF 0070): Coronary Artery Disease (CAD): Beta-Blocker Therapy – Prior Myocardial Infarction (MI) or Left Ventricular Systolic Dysfunction (LVEF < 40%)</p> <p>This measure will be calculated with 2 performance rates:</p> <p>(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.</p> <p>(2) Percentage of patients with a diagnosis of CAD or history of cardiac surgery who have prior myocardial infarction prescribed a beta blocker.</p> <p>The <measure-strata-num> element is required and must be included in the XML file.</p> <p>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>, <performance-numerator>, <denominator-exception> or <denominator-exclusions>, <performance-not-met-instances>, <reporting-rate>, <performance-rate>).</p> <p>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"/>)</p>
<initial-patient-population>	All eligible instances should be included in this element.
<reporting-denominator>	<p>All eligible instances, excluding denominator exclusions, should be included in this element.</p> <p>Reporting Denominator = Initial Patient Population – Denominator Exclusions</p>
<performance-numerator>	<p>Number of instances in which the quality action was performed.</p> <p>Performance Numerator = Performance Mets</p>
<performance-not-met-instances	Number of instances in which the quality action was not performed.
<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>*	<p>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.</p> <p>Denominator exclusions must be removed from the initial patient population to determine the reporting denominator.</p>

XML Element	Description
<performance-numerator>, <denominator-exception> or <denominator-exclusions> and <performance-not-met-instances>	The “2015 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. The document is available in a zipped file with the 2015 PQRS Measure Specifications on the PQRS Measures Codes web page.
0% vs Null Performance Rates	0% is a 0/1 performance equation Null is a 0/0 performance equation (all performance exclusions)
<ratio-denominator>	The ratio denominator is used for measures that do not fit the standard proportion measure format, i.e. larger numerator than denominator and will allow the QCDR to submit the ratio denominator information. Note: When the ratio-denominator is null use <ratio-denominator xsi:nil="true"/> for this tag.
<ratio-numerator>	The ratio numerator is used for measures that do not fit the standard proportion measure format, i.e. larger numerator than denominator and will allow the QCDR to submit the ratio numerator information. Note: When the ratio-numerator-information is null use < ratio-numerator-information xsi:nil="true"/> for this tag.
<ratio-comparison>	Ratio comparison of ratio denominator / ratio numerator. Note: When the ratio-comparison is null use < ratio-comparison xsi:nil="true"/> for this tag.
<population-ref-rate>	Population reference rate associated with the measure population Note: When the population-ref-rate is null use population-ref-rate xsi:nil="true"/> for this tag
<risk-standardized-rate>	The risk standardized rate is the performance rate after the measure has been risk adjusted and smoothed. Note: When the risk-standardized-rate is null use < risk-standardized-rate xsi:nil="true"/> for this tag
<lower-ci>	The Lower Bound of the 95% Confidence Interval for the Risk Standardized Rate. Note: When the lower-ci is null use <lower-ci xsi:nil="true"/> for this tag
<upper-ci>	The Upper Bound of the 95% Confidence Interval for the Risk Standardized Rate. Note: When the upper-ci is null use <upper-ci xsi:nil="true"/> for this tag
<performance-assessment>	The Performance assessment based on outlier status determined by the 95% confidence Interval. Note: When the risk-adjustment-description is null use <risk-adjustment-description xsi:nil="true"/> for this tag
<risk-adjustment-description>	The description of how the measure has been risk adjusted. Note: When the risk-adjustment-description is null use <risk-adjustment-description xsi:nil="true"/> for this tag
<risk-reporting-rate>	The Reporting rate for risk adjusted measures. Note: When the risk-reporting-rate is null use <risk-reporting-rate xsi:nil="true"/> for this tag
<cont-reporting-rate>	Reporting rate for continuous variable measures. Note: When the reporting-rate value is null use <cont-reporting-rate xsi:nil="true"/> for this tag
<benchmark-met>	A field documenting whether the measure is meeting the established benchmark.

XML Element	Description
<ipp>	The initial patient population identified by the measure criteria. This is to be utilized for continuous variable measures.
<msrpopl>	The measure population field would be utilized by measures that have denominator exclusions. This field would identify the measure population after removing the exclusions from the initial population. This is to be utilized for continuous variable measures.
<msrpoplex>	The measure exception field would be used to identify the exceptions removed from the measure population. This is to be utilized for continuous variable measures. Note: When the msrpoplex value is null use <msrpoplex xsi:nil="true"/> for this tag
<measure-score>	Inclusive of the value-type, value-units, and observation-method. These elements should be defined in the measure specifications. This is to be utilized for continuous variable measures. For example: <measure-score value-type="Time" value-units="Hour" observation-method="Mean">3</measure-score>

**The 2015 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.*

Resource: For the complete list of elements and descriptions, see the [2015 QCDR XML Specifications](#).

Table 2: QCDR QRDA-III Specification Tips

The following QCDR QRDA-III tips are to assist QCDR vendors during submission:

QRDA-III Element	Description
<ClinicalDocument>	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.
<section>	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.
<text>	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.
<realmCode>	Always reported as <realmCode code="US"/>
<typeld>	Always reported as <typeld 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. The 2015 QRDA Category III specifications is will be made available in December 2015 on the Clinical Quality Measure webpage of the EHR Incentive Program website.
<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"/>
<confidentialityCode>	Denotes the confidentiality of the document: N – Normal R – Restricted V – Very Restricted Always reported as <confidentialityCodecodeSystem="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>

Resource: For the complete list of elements and descriptions, see the 2015 QRDA-III specifications available on the [Clinical Quality Measure](#) webpage of the EHR Incentive Program website.