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.

Purpose
This document describes qualified clinical data registry (QCDR) participation and outlines steps that individual EPs should take in selecting a QCDR to work with for the 2015 PQRS program year.
What is a Qualified Clinical Data Registry (QCDR)?

The QCDR reporting mechanism provides a new standard to satisfy PQRS requirements based on satisfactory participation. A QCDR is a CMS-approved entity (such as a registry, certification board, collaborative, etc.) that collects medical and/or clinical data for the purpose of patient and disease tracking to foster improvement in the quality of care furnished to patients. 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:

- Clinician & 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

Criteria for Avoiding a Payment Adjustment

EPs can avoid the 2017 payment adjustment by meeting the following criteria:

<table>
<thead>
<tr>
<th>Individual EPs</th>
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<td>1. Report at least 9 measures covering 3 National Quality Strategy (NQS) domains for at least 50% of the EP's applicable patients seen during the 2015 participation period.</td>
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<tr>
<td>2. Report on at least 2 outcome measures. If the QCDR does not possess 2 outcome measures, then the QCDR must possess at least 1 outcome measure and 1 of the following other type of measure: 1 resource use, OR patient experience of care, OR efficiency appropriate use, OR patient safety measure.*</td>
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More information can be found in the 2015 PQRS Implementation Guide in the Measures Codes section of the PQRS web page.

*EPs participating via QCDR should work with their selected QCDR to determine how to participate.
A list of professionals who are eligible to participate in PQRS is available on the CMS website. Read this list carefully, as not all are considered EPs.

**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.

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A list of CMS-designated QCDRs will be available in mid-2015 on the QCDR Reporting page of the CMS PQRS website. The list of designated QCDRs includes information on each QCDR:

- QCDR name.
- Contact information.
- Cost information.
- Measures the QCDR has registered to report.

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Once a QCDR is selected, the EP will be required to enter into and maintain an appropriate legal agreement. Such arrangements provide for the QCDR’s receipt of the patient-specific data and allow the QCDR to release quality measure data to CMS on the EP’s behalf.

The QCDR will provide the EP with specific instructions on how to collect and provide patient data for use by the QCDR. The QCDR will submit 2015 data during the first quarter of 2016. EPs will work directly with their QCDRs to ensure data is submitted appropriately in order to avoid the PQRS negative payment adjustment.

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**Additional Information**

- Get additional guidance and information on the requirements to become a QCDR, as well as information on how a QCDR will submit quality measures data for participation periods occurring in 2015, on the QCDR Reporting page of the CMS PQRS website.
- Find answers to frequently asked questions about PQRS and related topics.

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**Questions?**

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@hcqis.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.