



# User Guide:

# 2015 Physician Quality Reporting System (PQRS) Feedback Reports

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## Disclaimer

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# User Guide: 2015 Physician Quality Reporting System (PQRS) Feedback Reports

### 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 individual eligible professionals (EPs) and group practices. 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 (PFS) services furnished to Medicare Part B Fee-for-Service (FFS) beneficiaries (including Railroad Retirement Board and Medicare Secondary Payer). Those who reported 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 PQRS. It **does not** provide guidance for other Medicare or Medicaid incentive programs, such as the Electronic Health Record (EHR) Incentive Program, Accountable Care Organizations (ACOs), or the Value-Based Payment Modifier (Value Modifier).*

### Purpose

This document is designed to help individual EPs and PQRS group practices understand and interpret the 2015 PQRS feedback reports.

**Note:** Detailed submission information for PQRS group practices that submitted via the GPRO Web Interface will be available in the Quality and Resource Use Reports (QRURs). The 2015 QRURs can be accessed on the CMS Enterprise Portal using an Enterprise Identity Management (EIDM) account with the correct role. See the How to Obtain a QRUR webpage for instructions on how to set up an EIDM account and access your TIN's QRUR. Information about the QRURs is available on the 2015 QRUR webpage.

## Report Overview and Content

### Overview

The 2015 PQRS feedback reports provide individual EPs and PQRS group practices with the final determination on whether or not they met PQRS criteria for avoiding the 2017 PQRS negative payment adjustment. Additionally, the reports provide detailed information about the quality data submitted by the provider. The 2015 PQRS feedback reports are scheduled to be available in the early fall of 2016.

The 2015 PQRS feedback reports reflect data from the Medicare PFS claims received with dates of service from January 1, 2015 – December 31, 2015 that were processed into the National Claims History (NCH) by February 26, 2016. A PQRS feedback report will be generated for each TIN/NPI combination that reported PQRS data or that submitted Medicare PFS claims that included denominator-eligible events but did not submit PQRS data. The feedback reports will include all measures reported by the NPI for each submission mechanism utilized. The data in these reports may help an individual EP or PQRS group practice determine whether or not it is necessary to submit an informal review request.

**2015 PQRS reporting mechanisms included the following:**

| Individual EPs | PQRS group practices* |
|---|---|
| Claims | Qualified registry |
| Qualified registry | Electronic reporting using an EHR direct |
| Qualified clinical data registry (QCDR) | Electronic reporting using EHR DSV |
| Electronic reporting using an EHR direct or EHR data submission vendor (DSV) | GPRO Web Interface |

**The Consumer Assessment of Healthcare Providers and Systems (CAHPS) for PQRS was required for groups of 100+ EPs and was optional for groups of 2-99 EPs.*

Each individual EP and PQRS group practice had the opportunity to participate in PQRS via multiple reporting mechanisms.

***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.*

**Report Content**

Two types of PQRS feedback reports will be available:

- **PQRS Payment Adjustment Feedback Report** – contains information regarding the individual EP's or PQRS group practice's payment adjustment status, rationale as to why the payment adjustment was or was not applied, and high-level PQRS reporting detail.

- **PQRS Payment Adjustment Measure Performance Detail Report** – contains specific detail on the measure(s) submitted by each mechanism utilized by the individual EP or PQRS group practice during the 2015 reporting year. Additionally, the Claim Measure tab on this table will identify measure(s) that had denominator-eligible instances that potentially could have been reported.

# Feedback Report Access and EIDM Roles

### Feedback Report Access

The *Quick Reference Guide (QRG) for Accessing the 2015 PQRS Feedback Reports* will provide information on accessing, navigating, and downloading the PQRS feedback reports. This document can be found on the PQRS Analysis and Payment webpage.

### EIDM Roles for Report Access

To access the 2015 PQRS feedback reports, an EIDM account with the proper roles is required. Anyone is eligible to register for an EIDM account, but the account owner is the only user allowed to utilize the account. EIDM role requests are made at the TIN level and should be utilized by authorized representatives of the TIN. **NOTE:** If a user is a representative of multiple TINs, a role for each TIN is required in order to access the feedback reports.

There are 2 types of EIDM roles available to a TIN in order to access the feedback reports. Those types are defined below, along with a brief description of the roles available.

### Individual Roles

The individual roles are available to EPs or representatives of an EP that is a sole proprietor and is paid under a TIN/SSN for Medicare PFS. For this situation, this would be the only EP billing Medicare PFS under this TIN/SSN. The 2 roles are:

- Individual Practitioner – The first role requested for a TIN. Allows the user to approve other role requests and access the feedback reports based on the TIN for which the role was requested.
- Individual Practitioner Representative – Allows users access to the feedback reports based on the TIN for which the role was requested.

### Group Roles

The group roles are available to EPs or representatives of a TIN that have 2 or more providers receiving Medicare PFS payments under the TIN. These roles are not limited to those TINs that are participating as PQRS group practice but would also include TINs where the EPs under the TIN are reporting individually. The 2 roles are:

- Security Official – The first role requested for a TIN. Allows the user to approve other role requests and access the feedback reports based on the TIN for which the role was requested.
- Group Representative – Allows users access to the feedback reports based on the TIN for which the role was requested.

  **NOTE:** For those participating in an ACO, the role requests should be made for each individual TIN under the ACO in order to obtain the PQRS feedback reports.

For more information or assistance in requesting the above roles, see the Quick Reference Guides available on the Physician and Other Health Care Professionals Quality Reporting Portal (Portal). The QualityNet Help Desk is also available to answer questions or assist with EIDM requests.

# Sample 2015 PQRS Feedback Reports

### Individual EPs

For individual EPs who reported via multiple reporting mechanisms, the feedback report will display each reporting mechanism for which quality data was received. All measures reported by the individual EP will be displayed, even if the measure reporting was unsuccessful.

**NOTE:** The screenshots provided below are intended to show samples of how a feedback report would look.

**Figure 1: PQRS Payment Adjustment Summary**

**2017 PHYSICIAN QUALITY REPORTING SYSTEM (PQRS) PAYMENT ADJUSTMENT FEEDBACK REPORT**
FOR PROGRAM YEAR 2015
(TIN-LEVEL REPORT WITH INDIVIDUAL NPIs)

**PQRS Payment Adjustment Summary**

**Tax ID Name:** Sample Physicians, Inc **GPRO TIN?** No
**Tax ID Number:** XXXXX9604 **GPRO Size:** N/A

| NPI | NPI Name | Provider Specialty Type | Critical Access Hospital CCN (1) | Total Part B PFS Allowed Charges (2,3) | Subject to 2017 PQRS Payment Adjustment? | Eligible for 2017 PQRS Payment Adjustment Assessment ? | Payment Adjustment Assessment Rationale | Exempt from 2017 PQRS Payment Adjustment due to Provider Specialty? | Exempt from 2017 PQRS Payment Adjustment due to services not payable under the Medicare Physician Fee Schedule (MPFS)? (2,3) | Exempt from 2017 PQRS Payment Adjustment due to services do not fall into the denominator for any measures? (4) | Exempt from 2017 PQRS Payment Adjustment due to NPI working at an Independent Diagnostic Testing Facility (IDTF) or Independent Laboratory (IL)? |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 6729174185 | Physician A | Chiropractor | N/A | $15,586.03 | Yes | Yes | Insufficient number and type of measures were reported | No | No | No | No |
| 6002115926 | Physician B | Physical Therapist | N/A | $25,288.81 | No | Yes | Sufficient number of measures and domains, and patients were reported to avoid the payment adjustment | No | No | No | No |
| 6022116295 | Physician C | Obstetrics & Gynecology | N/A | $4,749.97 | No | Yes | Sufficient number of measures and domains, and patients were reported to avoid the payment adjustment | No | No | No | No |
| 6022128317 | Physician D | Clinical | N/A | $18,516.93 | No | Yes | Sufficient number of measures and domains, and patients were reported to avoid the payment adjustment | No | No | No | No |
| 6022282768 | Physician E | Obstetrics & Gynecology | N/A | $682.35 | No | Yes | Sufficient number of measures and domains, and patients were reported to avoid the payment adjustment | No | No | No | No |
| 6022342338 | Physician F | Neurological Surgery | N/A | $27,091.95 | No | Yes | Sufficient number of measures and domains, and patients were reported to avoid the payment adjustment | No | No | No | No |

Adjustment Summary | Individual Adjustment Detail | GPRO Adjustment Detail

**Figure 2a: PQRS Payment Adjustment Participation Detail for EP**

**2017 PHYSICIAN QUALITY REPORTING SYSTEM (PQRS) PAYMENT ADJUSTMENT FEEDBACK**
FOR PROGRAM YEAR 2015
(TIN-LEVEL REPORT WITH INDIVIDUAL NPIs)

**PQRS Payment Adjustment Participation Detail for EP**

**Tax ID Name:** Sample Physicians, Inc.
**Tax ID Number:** XXXXX9604

**GPRO TIN?** No
**GPRO Registered Method:** N/A
**GPRO Size:** N/A

| NPI | Vendor TIN | Vendor Name | Method of Reporting | PQRS GPRO Participation Notes | Payment Adjustment Assessment Rationale | Satisfactorily Reported via Reporting Method? | Total # Individual Measures Reported (4,11,12,16,24) | Total # Individual Measures Satisfactorily Reported (2,4,5,14,16,17,25,29) | Total # Domains for Individual Measures Satisfactorily Reported (3,5,15,17,26) | Is MAV Criteria Applicable? (1,4,5,6,7,13,16,17,18) | Passed MAV? (1,7,8,13,19,20) | Total # Measures Groups Reported | Total # Measures Groups Satisfactorily Reported (23) |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 6729174185 | N/A | N/A | Individual measure(s) reporting via claims | | Insufficient number and type of measures were reported | No | 2 | 1 | 1 | No | N/A | N/A | N/A |
| 6002115926 | N/A | N/A | Individual measure(s) reporting via claims | | Sufficient number of measures and domains, and patients were reported to avoid the payment adjustment | Yes | 11 | 9 | 3 | No | N/A | N/A | N/A |
| 6022116295 | N/A | N/A | Individual measure(s) reporting via claims | | Sufficient number of measures and domains, and patients were reported to avoid the payment adjustment | Yes | 12 | 9 | 3 | No | N/A | N/A | N/A |
| 6022128317 | N/A | N/A | Individual measure(s) reporting via claims | | Sufficient number of measures and domains, and patients were reported to avoid the payment adjustment | Yes | 15 | 9 | 3 | No | N/A | N/A | N/A |
| 6022282768 | N/A | N/A | Individual measure(s) reporting via claims | | Sufficient number of measures and domains, and patients were reported to avoid the payment adjustment | Yes | 2 | 2 | 2 | Yes | Yes | N/A | N/A |
| 6022342338 | N/A | N/A | Individual measure(s) reporting via claims | | Sufficient number of measures and domains, and patients were reported to avoid the payment adjustment | Yes | 14 | 9 | 3 | No | N/A | N/A | N/A |

**Notes for Claim submissions:**

1 MAV indicates Measure Applicability Validation.
2 To be satisfactorily reported (excluding MAV), "Total # Individual Measures Satisfactorily Reported" must be >= 9.
3 To be satisfactorily reported (excluding MAV), "Total # Domains for Individual Measures Satisfactorily Reported" must be >= 3.

Adjustment Summary | **Individual Adjustment Detail** | GPRO Adjustment Detail

**Figure 2b: PQRS Payment Adjustment Participation Detail for EP (continued)**

| Total # Measures Groups Satisfactorily Reported (23) | Total # Outcome Measures Reported (27,28) | Face-to-face encounter code present? (9,10,21,22) | Cross-cutting measure Satisfactorily Reported? (6,9,10,18,21, 22) | Total # Individual Measures with QDCs Reported (correct and incorrect) (11) | Million Hearts Initiative (MHI) Successfully Reported? |
|---|---|---|---|---|---|
| N/A | N/A | Yes | Yes | 2 | No |
| N/A | N/A | Yes | Yes | 15 | Yes |
| N/A | N/A | No | N/A | 17 | Yes |
| N/A | N/A | Yes | Yes | 20 | Yes |
| N/A | N/A | No | N/A | 3 | No |
| N/A | N/A | Yes | Yes | 22 | Yes |

**Figure 3a: PQRS Payment Adjustment Measure Performance Detail**

Data will be populated in each tab for each mechanism for which data was received.

**NOTE:** The Claim Measure tab will also include detail about measures that included denominator-eligible events but for which PQRS data was not submitted. This is based on analysis of Medicare PFS claims submitted by the individual EP during the reporting period. This is not an indication that the measure could have been reported but rather that a denominator-eligible event occurred and it may be a measure that could be considered for future reporting.

**2015 PHYSICIAN QUALITY REPORTING SYSTEM (PQRS) FEEDBACK REPORT**

**PQRS Payment Adjustment Measure Performance Detail**

**(TIN-NPI LEVEL REPORT)**

**Tax ID Name:** Sample Physicians, Inc.

**Tax ID Number:** XXXXX 9604

**NPI Name:** PQRS Physician

**NPI Number:** 6729174185

**GPRO TIN?** No

**GPRO Registered** N/A

**GPRO Size:** N/A

**Claims Performance Information for Individual Measures**

**This report includes measures with QDCs reported and measures that could have been reported based on claims data.**

| PQRS Measure # | NQF Measure # | Measure Title | Measure Satisfactorily Reported? | NQS Domain | MAV Clusters (1,2) | Multi-Performance Rate Measure Strata Number | Reporting Denominator (3,4) | Reporting Numerator (7) | Performance Exclusions | Performance Denominator (5,6,7) | Performance Met (5,6) | Performance Not Met | Overall Reporting Rate (8) | Performance Rate |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 46 | 97 | Medication Reconciliation | Yes | Communication and Care Coordination | N/A | 1 | 10 | 10 | 0 | 10 | 8 | 2 | 71.42% | 80.00% |
| 46 | 97 | Medication Reconciliation | Yes | Communication and Care Coordination | N/A | 2 | 4 | 0 | 0 | 0 | 0 | 0 | 71.42% | 0.00% |
| 117 | 55 | Diabetes: Eye Exam | Yes | Effective Clinical Care | Diabetic Care | N/A | 15 | 10 | 2 | 8 | 6 | 2 | 66.67% | 75.00% |
| 119 | 62 | Diabetes: Medical Attention for Nephropathy | Yes | Effective Clinical Care | Diabetic Care | N/A | 15 | 10 | 2 | 8 | 6 | 2 | 66.67% | 75.00% |
| 131 | 420 | Pain Assessment and Follow-Up | Yes | Community/Population Health | Chiropractic Care & Physical/Occupational Therapy | 1 | 490 | 375 | 0 | 375 | 375 | 0 | 76.53% | 100.00% |
| 182 | 2624 | Functional Outcome Assessment | No | Communication and Care Coordination | Chiropractic Care & Physical/Occupational Therapy | 1 | 490 | 234 | 0 | 234 | 234 | 0 | 47.76% | 100.00% |

**Notes:**

1 MAV indicates Measure Applicability Validation.

2 MAV Clusters for a non-reported measure must be the same as a reported measure for the measure to be required for MAV.

... | **Claim Measure** | Registry Measure | Measure Group Measure | QCDR Measure | EHR QRDA I Measure | ...

**Figure 3b: PQRS Payment Adjustment Measure Performance Detail (continued)**

| Overall Performance Rate | Inverse Measure? | Cross-cutting Measure? (4) | Million Heart Measure? |
|---|---|---|---|
| 80.00% | No | Yes | No |
| 80.00% | No | Yes | No |
| 75.00% | No | No | No |
| 75.00% | No | No | No |
| 100.00% | No | Yes | No |
| 100.00% | No | Yes | No |

## PQRS Group Practices

For PQRS group practices, the feedback report will display data received at the TIN level for each reporting mechanism for which quality data was received. All measures reported by the PQRS group practice will be displayed, even if the measure reporting was unsuccessful.

**NOTE:** If a PQRS group practice had any of the individual EPs report PQRS data independently, the information will be displayed on the Individual Adjustment Detail tab.

### Figure 4: Payment Adjustment Summary

**2017 PHYSICIAN QUALITY REPORTING SYSTEM (PQRS) PAYMENT ADJUSTMENT FEEDBACK REPORT**
**FOR PROGRAM YEAR 2015**
**(TIN-LEVEL REPORT WITH INDIVIDUAL NPIs)**

**PQRS Payment Adjustment Summary**

**Tax ID Name:** Sample Physicians, Inc.
**Tax ID Number:** XXXXX4775
**GPRO TIN?** Yes
**GPRO Registered Method:** Registry as a Group Practice
**GPRO Size:** 100 or More Individual Eligible Professionals

| NPI | NPI Name | Provider Specialty Type | Critical Access Hospital CCN (1) | Total Part B PFS Allowed Charges (2,3) | Subject to 2017 PQRS Payment Adjustment? | Eligible for 2017 PQRS Payment Adjustment Assessment ? | Payment Adjustment Assessment Rationale | Exempt from 2017 PQRS Payment Adjustment due to Provider Specialty? | Exempt from 2017 PQRS Payment Adjustment due to services not payable under the Medicare Physician Fee Schedule (MPFS)? (2,3) | Exempt from 2017 PQRS Payment Adjustment due to services do not fall into the denominator for any measures? (4) | Exempt from 2017 PQRS Payment Adjustment due to NPI working at an Independent Diagnostic Testing Facility (IDTF) or Independent Laboratory (IL)? |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 6002115926 | Physician A | Physical Therapist | N/A | $25,288.81 | No | Yes | Sufficient number of measures and domains, and patients were reported to avoid the payment adjustment | No | No | No | No |
| 6022116295 | Physician B | Obstetrics & Gynecology | N/A | $4,749.97 | No | Yes | Sufficient number of measures and domains, and patients were reported to avoid the payment adjustment | No | No | No | No |
| 6022128317 | Physician C | Clinical | N/A | $18,516.93 | No | Yes | Sufficient number of measures and domains, and patients were reported to avoid the payment adjustment | No | No | No | No |
| 6022282768 | Physician D | Obstetrics & Gynecology | N/A | $682.35 | No | Yes | Sufficient number of measures and domains, and patients were reported to avoid the payment adjustment | No | No | No | No |
| 6022342338 | Physician E | Neurological Surgery | N/A | $27,091.95 | No | Yes | Sufficient number of measures and domains, and patients were reported to avoid the payment adjustment | No | No | No | No |
| 6032012917 | Physician F | Internal Medicine | N/A | $65,153.03 | No | Yes | Sufficient number of measures and domains, and patients were reported to avoid the payment adjustment | No | No | No | No |

Adjustment Summary | Individual Adjustment Detail | GPRO Adjustment Detail

**Figure 5a: PQRS Payment Adjustment Participation Detail for GPRO**

**2017 PHYSICIAN QUALITY REPORTING SYSTEM (PQRS) PAYMENT ADJUSTMENT FEEDBACK REPORT**

FOR PROGRAM YEAR 2015

(TIN-LEVEL REPORT WITH INDIVIDUAL NPIs)

**PQRS Payment Adjustment Participation Detail for GPRO**

**Tax ID Name:** Sample Physicians, Inc.

**Tax ID Number:** XXXXX4775

**GPRO TIN?** Yes

**GPRO Registered Method:** Registry as a Group Practice

**GPRO Size†:** 100 or More Individual Eligible Professionals

**The submission applies to all the NPIs listed on the PQRS Payment Adjustment Summary for the TIN**

| Vendor TIN | Vendor Name | Method of Reporting | PQRS GPRO Participation Notes | Payment Adjustment Assessment Rationale | Satisfactorily Reported via Reporting Method? | Total # Individual Measures Reported (4,11) |
|---|---|---|---|---|---|---|
| xxxxxxxxx | PQRS Registry | GPRO via Registry / CG CAHPS | TIN registered for Group Practice Reporting Option and reported via Registered Method. | Sufficient number of measures and domains, and patients were reported to avoid the payment adjustment | Yes | 6 |
| N/A | PQRS Registry | Individual measure(s) reporting via claims | TIN registered for Group Practice Reporting Option, but some providers in the TIN reported as Individual EPs. | Sufficient number of measures and domains, and patients were reported to avoid the payment adjustment | Yes | 1 |
| N/A | PQRS Registry | Individual measure(s) reporting via claims | TIN registered for Group Practice Reporting Option, but some providers in the TIN reported as Individual EPs. | Insufficient number and type of measures were reported | No | 1 |

**Notes:**

1 GPRO Size was obtained from the Group Practice registration data.

**Notes for GPRO Web Interface submissions:**

2 To be satisfactorily reported, "CAHPS reported successfully?" must be Yes when GPRO Size is "100 or More Individual Eligible Professionals".

3 These submissions will not have a Measure Performance Detail report. The measure performance detail is available from the Web Interface.

**Notes for Registry Individual Measure submissions:**

4 To be counted towards "Total # Individual Measures Reported", the measure must have Reporting Numerator > 0 (see PQRS Payment Adjustment Measure Performance Detail).

5 To be satisfactorily reported, "CAHPS reported successfully?" must be Yes when GPRO Size is "100 or More Individual Eligible Professionals".

6 MAV indicates Measure Applicability Validation.

7 To be satisfactorily reported (excluding MAV), "Total # Individual Measures Satisfactorily Reported" must be >= 9 when "CAHPS reported successfully?" is No.

8 To be satisfactorily reported (excluding MAV), "Total # Individual Measures Satisfactorily Reported" must be >= 6 when "CAHPS reported successfully?" is Yes.

9 To be satisfactorily reported (excluding MAV), "Total # Domains for Individual Measures Satisfactorily Reported" must be >= 3 when "CAHPS reported successfully?" is No.

10 To be satisfactorily reported (excluding MAV), "Total # Domains for Individual Measures Satisfactorily Reported" must be >= 2 when "CAHPS reported successfully?" is Yes.

Adjustment Summary | Individual Adjustment Detail | **GPRO Adjustment Detail**

**Figure 5b: PQRS Payment Adjustment Participation Detail for GPRO (continued)**

| Total # Individual Measures Satisfactorily Reported (7,8,11,12) | Total # Domains for Individual Measures Satisfactorily Reported (9,10,12) | Is MAV Criteria Applicable? | Passed MAV? (6,14,15) | Face-to-face encounter code present? (16,17) | Cross-cutting measure Satisfactorily Reported? (13,16,17) | CAHPS reported successfully? (2,5,7,8,9, 10,16,18) |
|---|---|---|---|---|---|---|
| 6 | 3 | Yes | N/A | Yes | Yes | Yes |
| 1 | 1 | Yes | Yes | Yes | Yes | N/A |
| N/A | N/A | No | N/A | Yes | Yes | N/A |

**Figure 6a: PQRS Payment Adjustment Measure Performance Detail**

Data will be populated in each tab for each mechanism for which data was received.

**NOTE:** The Claim Measure tab will also include detail about measures that included denominator-eligible events but for which PQRS data was not submitted. This is based on analysis of Medicare PFS claims submitted by the PQRS group practice during the reporting period. This is not an indication that the measure could have been reported but rather that a denominator-eligible event occurred and it may be a measure that could be considered for future reporting.

**2015 PHYSICIAN QUALITY REPORTING SYSTEM (PQRS) FEEDBACK REPORT**
**PQRS Payment Adjustment Measure Performance Detail**
**(TIN-NPI LEVEL REPORT)**

**Tax ID Name:** Sample Physicians, Inc
**Tax ID Number:** XXXXX 4775
**GPRO TIN?** Yes
**GPRO Registered Method:** Registry as a Group Practice
**GPRO Size:** 100 or More Individual Eligible Professionals

**Registry Performance Information for Individual Measures**

| Vendor Name | PQRS Measure # | NQF Measure # | Measure Title | Measure Satisfactorily Reported? | NQS Domain | MAV Clusters (1,2) | Multi-Performance Rate Measure Strata Number | Reporting Denominator | Reporting Numerator | Performance Exclusions | Performance Denominator (4,5,6) | Performance Met (4,5) |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| PQRS Vendor A | 217 | | Functional Deficit: Change in Risk-Adjusted Functional Status for Patients with Knee Impairments | Yes | Communication and Care Coordination | N/A | 1 | 52 | 52 | 0 | 52 | 52 |
| PQRS Vendor A | 218 | | Functional Deficit: Change in Risk-Adjusted Functional Status for Patients with Hip Impairments | Yes | Communication and Care Coordination | N/A | 1 | 18 | 18 | 0 | 18 | 18 |
| PQRS Vendor A | 219 | | Functional Deficit: Change in Risk-Adjusted Functional Status for Patients with Lower Leg, Foot or Ankle Impairments | Yes | Communication and Care Coordination | N/A | 1 | 7 | 7 | 0 | 7 | 7 |
| PQRS Vendor A | 221 | | Functional Deficit: Change in Risk-Adjusted Functional Status for Patients with Shoulder Impairments | Yes | Communication and Care Coordination | N/A | 1 | 70 | 70 | 0 | 70 | 70 |
| PQRS Vendor A | 222 | | Functional Deficit: Change in Risk-Adjusted Functional Status for Patients with Elbow, Wrist or Hand Impairments | Yes | Communication and Care Coordination | N/A | 1 | 3 | 3 | 0 | 3 | 3 |
| PQRS Vendor A | 21 | | Perioperative Care: Selection of Prophylactic Antibiotic - First OR Second Generation Cephalosporin | Yes | Patient Safety | N/A | 1 | 158 | 158 | 32 | 126 | 121 |
| PQRS Vendor A | 22 | | Perioperative Care: Discontinuation of Prophylactic Parenteral Antibiotics (Non-Cardiac Procedures) | Yes | Patient Safety | N/A | 1 | 158 | 158 | 0 | 158 | 153 |
| PQRS Vendor A | 130 | | Documentation of Current Medications in the Medical Record | Yes | Patient Safety | N/A | 1 | 5,128 | 5,128 | 0 | 5,128 | 5,128 |

GPRO Registry Measure | GPRO EHR QRDA I Measure | GPRO EHR QRDA III Measure | Claim Measure

**Figure 6b: PQRS Payment Adjustment Measure Performance Detail (continued)**

| Performance Not Met | Overall Reporting Rate (7) | Performance Rate | Overall Performance Rate | Inverse Measure? | Cross-cutting | Million Heart Measure? |
|---|---|---|---|---|---|---|
| 0 | 100.00% | 100.00% | 100.00% | N/A | No | N/A |
| 0 | 100.00% | 100.00% | 100.00% | N/A | No | N/A |
| 0 | 100.00% | 100.00% | 100.00% | N/A | No | N/A |
| 0 | 100.00% | 100.00% | 100.00% | N/A | No | N/A |
| 0 | 100.00% | 100.00% | 100.00% | N/A | No | N/A |
| 5 | 100.00% | 96.03% | 96.03% | N/A | No | N/A |
| 5 | 100.00% | 96.84% | 96.84% | N/A | No | N/A |
| 0 | 100.00% | 100.00% | 100.00% | N/A | Yes | N/A |

### EPs Who Were Under A PQRS Group Practice But Reported Individually

Individual EPs who were part of a 2015 PQRS group practice but reported individually will see a combination of the following reports:

- PQRS Payment Adjustment Summary
- PQRS Payment Adjustment Participation Detail for EP
- PQRS Payment Adjustment Participation Detail for GPRO
- PQRS Payment Adjustment Measure Performance Detail
    - This will include individual-level data and data at the PQRS group practice level.

## 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.

# Appendix A: Feedback Report Column Descriptions

The below table contains a description of the column headings from the 2015 feedback reports.

| Column Heading | Description |
|---|---|
| **CAHPS reported successfully?** | Indicates whether the PQRS group practice satisfied the CAHPS for PQRS summary survey measures requirement, if applicable.<br>• Yes indicates that the PQRS group practice successfully reported CAHPS for PQRS.<br>• No indicates that the PQRS group practice did not successfully report CAHPS for PQRS.<br>• N/A indicates that CAHPS was not selected as a reporting option.<br>**NOTE:** CAHPS for PQRS is required for PQRS group practices with 100+ EPs but is optional for PQRS group practices of 2-99 EPs. |
| **Critical Access Hospital CCN** | The hospital's CMS Certification Number (CCN). The hospital CCN is only displayed for NPIs for whom Part B Medicare PFS charges were billed at a Critical Access Hospital (Method II billing) CAH II TINs. |
| **Cross-cutting Measure Satisfactorily Reported?** | The information in this column is directly related to the **Face-to-Face Encounter Code Present** column and indicates whether a measure from the cross-cutting measure list was satisfactorily reported.<br>• Yes indicates that a face-to-face encounter was present and that a cross-cutting measure was satisfactorily reported.<br>• No indicates that a face-to-face encounter was present but a cross-cutting measure was not satisfactorily reported.<br>• N/A indicates that no face-to-face encounter codes were present and there were not enough denominator-eligible instances for the cross-cutting measure requirement to apply **OR** the cross-cutting measure requirement does not apply to the reporting mechanism.<br>**NOTE:** The cross-cutting measure requirement only applies to the claims and qualified registry reporting mechanisms. |

| Column Heading | Description |
|---|---|
| **Denominator Exclusions** | The number of instances that had conditions which were removed from the measure population and denominator before determining if numerator criteria were met. For example, patients with bilateral lower extremity amputations would be listed as denominator exclusion for a measure requiring foot exams. |
| **Eligible for 2017 PQRS Payment Adjustment Assessment?** | Indicates whether an EP met the criteria to report PQRS data to avoid the negative payment adjustment.<br>• Yes indicates that the EP is considered eligible to participate in PQRS and (s)he would need to satisfactorily report to avoid the negative payment adjustment.<br>• No indicates that the EP is not eligible to participate and would not be subject to the negative payment adjustment. |
| **Exempt from 2017 PQRS Payment Adjustment due to NPI working at an Independent Diagnostic Testing Facility (IDTF) or Independent Laboratory (IL)?** | Indicates whether an EP is exempt from the PQRS negative payment adjustment because services are rendered at an IDTF or IL. In this instance, the EP is eligible, but not able to participate in PQRS due to the billing methodology of the facility.<br>• Yes indicates that the TIN has been identified as an IDTF or IL and EPs are not subject to the negative payment adjustment.<br>• No indicates that the TIN was not identified as an IDTF or IL and EPs needed to meet the requirements of satisfactory reporting to avoid the negative payment adjustment. |
| **Exempt from 2017 PQRS Payment Adjustment due to Provider Specialty?** | Indicates whether the EP was eligible to participate in PQRS based on his/her specific specialty.<br>• Yes indicates that the EP is exempt from PQRS reporting and is not subject to the negative payment adjustment.<br>• No indicates that the EP is not exempt based on his/her specialty and would need to report satisfactorily to avoid the negative payment adjustment. |

| Column Heading | Description |
|---|---|
| **Exempt from 2017 PQRS Payment Adjustment due to services do not fall into the denominator for any measures?** | If the individual EP or PQRS group practice did not have any Medicare PFS patients associated with the specified denominator codes for any PQRS measures, this field will be populated with “Yes.”<br><br>If the individual EP or PQRS group practice did have Medicare PFS patients that were associated with the specified denominator codes for any PQRS measure, this field will be populated with “No.” In this instance, the individual EP or PQRS group practice is held responsible for meeting satisfactory reporting criteria to avoid the 2017 PQRS negative payment adjustment. |
| **Exempt from 2017 PQRS Payment Adjustment due to services not payable under the Medicare Physician Fee Schedule (Medicare PFS)?** | This communicates to the EP if it was determined that (s)he submitted Medicare PFS charges during the 2015 program year after an analysis of claims submissions.<br><br>• Yes indicates that the EP is exempt from the negative payment adjustment as there were no Medicare PFS charges received during the year.<br><br>• No indicates that the EP is not exempt as Medicare PFS charges were received during the year. The EP would need to satisfactorily report to avoid the negative payment adjustment. |
| **Face-to-Face Encounter Code Present** | A face-to-face encounter is an instance in which an individual EP or PQRS group practice billed for services that are associated with face-to-face encounters under the Medicare Physician Fee Schedule (Medicare PFS). This includes general office visits, outpatient visits, and surgical procedure codes.<br><br>If an individual EP or PQRS group practice bills a service defined as a face-to-face encounter, CMS will analyze claims-based data to determine if a cross-cutting measure may have been applicable.<br><br>This column indicates whether there was an instance in which a qualifying service was billed.<br><br>• Yes indicates that a code was present and a cross-cutting measure should have been reported.<br><br>• No indicates that no such code was found and the cross-cutting requirement did not apply.<br><br>• N/A indicates that the face-to-face requirement did not apply to that reporting mechanism.<br><br>**NOTE:** The face-to-face requirement only applies to the claims and qualified registry reporting mechanisms. |
| **GPRO Registered Method** | If the TIN registered as a PQRS group practice, this will indicate the reporting mechanism that was selected. If the TIN did not register, this will be indicated by N/A. |

| Column Heading | Description |
|---|---|
| **GPRO Size** | This indicates the number of EPs under the TIN, entered by the practice, at the time of GPRO registration. The information is used to determine the reporting requirements for the PQRS group practice. If the TIN is not a registered PQRS group practice, this will be indicated with N/A. |
| **GPRO TIN?** | Indicates if the TIN registered as a PQRS group practice for the 2015 reporting year.<br>• Yes indicates that the TIN registered.<br>• No indicates that the TIN did NOT register. |
| **Initial Patient Population (IPP)** | The total population that would fall into the denominator before exclusions are applied. The formula would be Denominator + Exclusions + Exceptions = IPP. |
| **Inverse Measure?** | This is defined as a measure in which a lower calculated performance rate for the measure indicates better clinical care or control. For inverse measures, a rate of 100% means all of the denominator-eligible patients did not receive the appropriate care or were not in proper control, and therefore an inverse measure at 100% does not qualify for reporting purposes; however, any reporting rate less than 100% does qualify. |
| **Is MAV Criteria Applicable?** | Indicates whether the Measure-Applicability Validation (MAV) process was utilized in determining satisfactory reporting. Specifically, MAV would be used if fewer than 9 measures and/or fewer than 3 National Quality Strategy (NQS) domains were reported satisfactorily and the cross-cutting requirement was met satisfactorily, if applicable.<br>• Yes indicates that the MAV process was used.<br>• No indicates that the submission was not eligible for MAV.<br>• N/A indicates that MAV was not available for the reporting mechanism.<br>**NOTE:** MAV is only available for the claims and qualified registry reporting mechanisms. |

| Column Heading | Description |
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| **MAV Clusters** | Indicates the MAV cluster with which the measure is associated. A cluster identifies measures related to a particular clinical topic or individual EP service that is applicable to a specific individual EP or PQRS group practice. If the measure is not part of a specific cluster, this field will be populated with N/A.<br><br>**Note:** The MAV process only applies to the claims and qualified registry reporting mechanisms. |
| **Measure Exception (MSRPOPLEX)** | The Measure Exception field identifies the number of instances removed from the measure population after determining the numerator criteria are not met. |
| **Measure Population (MSRPOPL)** | The Measure Population is for measures that have denominator exclusions. This field identifies the number of instances after removing the exclusions from the initial population. |
| **Measure Reporting Option** | Indicates what version of the measure specification is being used (i.e., which set of specifications were used, such as the Claims and Registry Specifications Manual). |
| **Measure Satisfactorily Reported?** | Indicates whether the specified measure was satisfactorily reported.<br><br>• Yes indicates that the data submitted met the reporting requirements for the listed measure.<br><br>• No indicates that the data failed to meet the requirements for the listed measure. |
| **Measure Type** | The specific type of measure for which data was submitted.<br><br>For the QCDR reporting mechanism, if there are not 2 outcome measures, then there must be 1 outcome measure and 1 measure from one of these NQS domains: resource use, patient experience of care, efficiency/appropriate use, or patient safety measure. |
| **Measures Group** | Identifies the specific measures group for which data was submitted. |

| Column Heading | Description |
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| **Measures Group Satisfactorily Reported?** | Indicates whether or not the measures group was satisfactorily reported.<br>• Yes indicates that the data submitted met the reporting requirements for the measures group.<br>• No indicates that the data submitted failed to meet the reporting requirements for the measures group. |
| **Medicare FFS Patient Count** | The total number of Medicare-specific patients that were included in the data submitted for the measures group. The requirement is to report a 20-patient sample, a majority of which must be Medicare Part B FFS patients (at least 11 out of 20). |
| **Medicare Patient Reported** | Indicates if the data submitted included at least 1 Medicare patient record. |
| **Method of Reporting** | Indicates the reporting mechanism analyzed for the EP. It is possible to have more than one Method of Reporting listed (i.e., claims and registry) if more than one mechanism was attempted during the reporting year. Each mechanism is analyzed separately to determine payment adjustment status. |
| **MG Reporting Denominator** | The total number of eligible instances for the measures group or the eligible patient population as determined by the measure specification. |
| **MG Reporting Numerator** | Refers to the number of reporting instances where the Quality-Data Codes (QDCs) or quality action data submitted met the measure-specific reporting criteria for the measures group. |
| **Million Hearts Initiative (MHI) Successfully Reported?** | Indicates if any of the data submitted by the individual EP or PQRS group practice met the requirements of the Million Hearts Initiative.<br>• Yes indicates successful reporting for the Million Hearts Initiative.<br>• No indicates unsuccessful reporting for the Million Hearts Initiative. |
| **Multi-Performance Rate Measure Strata Number** | Measure stratification number identifies the sub-measure when a measure requires multiple performance rates to be submitted as defined in the measure specification. |

| Column Heading | Description |
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| **NPI** | The individual National Provider Identifier (NPI) of the EP billing under the TIN during the program year. |
| **NQS Domain** | Indicates which National Quality Strategy (NQS) domain the individual measure satisfies. This information can be used to help determine if the EP met the domain reporting requirements. |
| **Observation Value / Measure Score** | This field indicates the aggregate continuous variable score based on individual observations for each instance falling into the measure population. |
| **Overall Performance Rate** | For multi-performance rate measures, an "overall" performance rate may be defined in the measures' supporting documents.<br><br>If an "overall" performance rate is not 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]. |
| **Overall Reporting Rate** | The Reporting Rate is what determines whether the EP reported the measure at the appropriate level to meet the satisfactory reporting criteria. This is calculated by dividing the **Reporting Numerator** by the **Reporting Denominator**. |
| **Passed MAV?** | The information in this column is directly related to the **Is MAV Criteria Applicable?** column and provides the result of the MAV process, if applicable, after the analysis of submitted data was completed.<br>• Yes indicates that the data submitted passed the MAV requirements.<br>• No indicates that the data submitted did not pass the MAV requirements.<br>• N/A indicates that MAV was not available for the reporting mechanism.<br>**NOTE:** MAV is only available for the claims and qualified registry reporting mechanisms. |
| **Payment Adjustment Assessment Rationale** | Provides an explanation regarding the determination of an EP's payment adjustment status. |

| Column Heading | Description |
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| **Performance Denominator** | Determined by subtracting the number of eligible instances excluded from the numerator of eligible reporting instances.<br><br>The performance denominator is calculated using the following formula: Performance Met + Performance Not Met. |
| **Performance Exclusions** | The number of medical, patient, system, or other performance exclusions reported.<br><br>• Medical 1P: For each measure, the number (#) of instances the TIN/NPI submitted modifier 1P.<br><br>• Patient 2P: For each measure, the number (#) of instances the TIN/NPI submitted modifier 2P.<br><br>• System 3P: For each measure, the number (#) of instances the TIN/NPI submitted modifier 3P.<br><br>**Other:** Includes instances where a CPT II code, G-code, or 8P modifier is used as performance exclusion for the measure.<br><br> |
| **Performance Met** | Refers to the number of instances the TIN/NPI submitted the appropriate QDC(s) 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 that the quality action was not provided for a reason not otherwise specified.<br><br> |
| **Performance Rate** | Calculated by dividing the **Performance Met** by the **Performance Denominator**. Continuous variable measures (such as PQRS measure #380) do not 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]. |

| Column Heading | Description |
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| **PQRS GPRO Participation Notes** | This provides information about the TIN's participation in GPRO. This column may be populated with the following:<br>• TIN registered for Group Practice Reporting Option and reported via Registered Method.<br>• TIN registered for Group Practice Reporting Option, did not report via Registered Method but reported via QRDA III.<br>• TIN registered for Group Practice Reporting Option, did not report via Registered Method but reported via QRDA I.<br>• TIN registered for Group Practice Reporting Option, did not report via Registered Method but reported via Registry.<br>• TIN registered for Group Practice Reporting Option, but some providers in the TIN are members of a successful Pioneer ACO.<br>• TIN registered for Group Practice Reporting Option, but some providers in the TIN reported as Individual EPs.<br>• TIN not registered for Group Practice Reporting Option.<br>• TIN not registered for Group Practice Reporting Option and TIN level submission not considered for PQRS due to an NPI level submission.<br>• TIN registered for Group Practice Reporting Option but did not submit any data. |
| **Provider Specialty Type** | This column lists the specialty of the provider associated with the individual NPI. |
| **Reporting Denominator** | The total number of eligible instances for a measure or the eligible patient population as determined by the measure specification. |
| **Reporting Numerator** | Refers to the number of reporting instances where the QDCs or quality action data submitted met the measure specific reporting criteria.<br><br>The reporting numerator is calculated using the following formula: Performance Exclusions + Performance Denominator. |

| Column Heading | Description |
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| **Satisfactorily Reported via Reporting Method?** | Informs an EP if the reporting requirements were met for the mechanism(s) for which data was submitted.<br>• Yes indicates that the EP successfully reported via the mechanism(s) indicated.<br>• No indicates that the EP was not successful via the mechanism(s) indicated. |
| **Subject to 2017 PQRS Payment Adjustment?** | Indicates each individual EP's status for the 2017 PQRS negative payment adjustment after CMS has completed analysis.<br>• Yes indicates subjectivity to the negative payment adjustment.<br>• No indicates that the individual EP met the requirements for satisfactory reporting or another criterion to avoid the negative payment adjustment. |
| **Tax ID** | The TIN under which PQRS data was reported. This can be a sole proprietor, a group of individual EPs, or a PQRS group practice. The TIN will be masked but will include the last 4 digits of the number. |
| **Total # Domains for Individual Measures Satisfactorily Reported** | The total number of individual NQS domains for which measures data was successfully submitted for the specific reporting mechanism. This is one of the components in determining if the EP reported satisfactorily to avoid the negative payment adjustment. |
| **Total # Individual Measures Reported** | Indicates the total number of measures for which there was data submitted under the reporting mechanism. This includes any measures in which numerator and denominator data was submitted. |
| **Total # Individual Measures Satisfactorily Reported** | The total number of measures that met the reporting criteria for each individual measure submitted under the specific reporting mechanism. This is one of the components in determining if the EP reported satisfactorily to avoid the negative payment adjustment. |
| **Total # Individual Measures with QDCs Reported (correct and incorrect)** | The total number of measures for which QDCs were received via the claims reporting mechanism, regardless of whether the QDC was correct.<br>If this column is greater than the Total # Individual Measures Reported, it indicates that some QDCs were not counted due to non-denominator eligible claims or insufficient QDCs. |

| Column Heading | Description |
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| **Total # Measures Groups Reported** | Indicates the total number of measure groups submitted by the individual EP.<br><br>**NOTE:** Measure groups were only available to individual EPs who submitted 2015 PQRS data using a qualified registry. |
| **Total # Outcome Measures Reported** | This is the total number of outcome-specific measures submitted for the individual EP using a QCDR. The outcomes measure requirement is specific to the QCDR reporting mechanism and is analyzed along with additional measure submission data to determine satisfactory reporting.<br><br>To have met this portion of the requirement, 2 outcomes measures must have been successfully submitted. In the event that there were not 2 outcomes measures available, the requirement was to submit 1 outcome measure and 1 of the following other type of measure: resource use, patient experience of care, efficiency/appropriate use, or patient safety measure. |
| **Total Measures Groups Satisfactorily Reported** | The total number of individual measures groups submitted that met the specified reporting criteria.<br><br>**NOTE:** Measure groups were only available to individual EPs who submitted 2015 PQRS data using a qualified registry. |
| **Total Part B PFS Allowed Charges** | The sum of the Total Allowed Charges for each EP during the program year. The charges for CAH Method II billing are also displayed where applicable. |
| **Vendor Name** | The name of the vendor submitting data on behalf of an individual EP or PQRS group practice; will only be available for qualified registries or QCDRs. The information is provided to help in the determination of successful reporting if more than one vendor submitted PQRS data for an individual EP or PQRS group practice during the reporting year. |
| **Vendor TIN** | The Tax ID of the vendor submitting data on behalf of an individual EP or PQRS group practice; will only be available for qualified registries or QCDRs. The information is provided to help in the determination of successful reporting if more than one vendor submitted PQRS data for an individual EP or PQRS group practice during the reporting year. |