



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

June 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/National Provider Identifier 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 registry. It is intended for individual EPs, group practices participating through the GPRO, and qualified registry vendors.

This document applies only to qualified registry 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](#).

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-based Payment Modifier [Value Modifier], etc.).

2015 Qualified Registry Reporting Overview

What is a PQRS qualified registry?

Qualified registries are vendors who are responsible for collecting clinical quality data, calculating reporting and performance rates, and submitting quality measures data to CMS in a CMS-specified format(s) on behalf of the EP or group practice for the respective program year. The vendor may collect data from claims, web-based tool, practice management system, and/or EHRs. The qualified registry will enter into a contract with the EP or group practice, and may require a fee for submitting PQRS data.

Vendor Participation Requirements:

- January 2015- Self-Nomination
- March 2015- Submit a Validation Strategy
- December 2015- Feedback reports are now available
- March 2016- Data Submission deadline
- Late 2016- Registries will need to participate in a Public Reporting through Physician Compare

In order for an entity to be considered a qualified registry, the entity must self-nominate and adhere to vendor requirements as outlined in the [2015 PQRS: Qualified Registry Criteria](#) document. EPs or group practices wishing to participate using the qualified registry reporting mechanism should review the [2015 Qualified Registries](#) list to identify an entity that best meets the practice’s needs.

Who is able to report through a qualified registry?

For PQRS program year 2015, EPs reporting as individuals and group practices participating through the GPRO can report through a qualified registry.

Note: When group practices register to participate in the GPRO, the contact person is encouraged to notify their group members that they have registered for PQRS GPRO, and which reporting mechanism the group will be using.

What are the Benefits of Participating via Qualified Registry?

QUALIFIED
REGISTRY
BENEFITS

- ✓ Working with the vendor reduces burden on billing and reporting staff
- ✓ The vendor provides direct assistance with compiling the needed data
- ✓ Vendors are able to participate in test submissions allowing them to have minimal issues during the submission period
- ✓ Office staff will not have to sign up for an Identity Management account since the vendor does the submission

2015 Qualified Registry Measure Specifications

Information about CMS qualified registry 2015 measure specifications can be found on the PQRS website in the zip file titled [2015 PQRS Individual Claims Registry Measure Specification Supporting Documents](#).

2015 Qualified Registry Submission Overview

Qualified registries must be able to collect all needed data elements and transmit the data to CMS in the CMS-approved Qualified Registry XML format. The [2015 Qualified Registry XML Specifications](#) are available on the Registry Reporting webpage of the PQRS website.

Identity Management Account

Each qualified registry vendor must have an identity management account to submit test and production data. Please note that the identity management system will be updated this year. 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 and group practices participating in PQRS through a qualified registry do not need an Identity Management account to submit your PQRS data. EPs and group practices will need an Identity Management account to access confidential feedback [reports](#).

Test Submission

CMS strongly encourages qualified registries to submit test files in accordance with the Qualified Registry XML specifications. Test submissions will help qualified registries understand what components are required and highlight possible issues with the file format and submission that may occur when submitting the quality measure data. Qualified registries use the Submission Engine Validation Tool (SEVT) for test submissions only. The SEVT is available for testing with the 2015 Qualified Registry XML Specifications and will remain open throughout the calendar year. A PQRS SEVT User Guide is posted on the landing page of the [Portal](#).

SEVT Information

- The SEVT is available for testing year round.
- The SEVT will validate individual files up to 1.2 MB.
- Zip files can't be submitted to the SEVT.
- The SEVT validates file format not content.
- For security reasons, **only test data** should be submitted to the SEVT.
- 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 and group practices are encouraged to discuss the SEVT process and outcome with their qualified registry.

Production Submission

Qualified registries must submit the quality measure data, in the proper format, to CMS, between **January 1, 2016** and **March 31, 2016**. Qualified registry submissions count for PQRS only. CMS urges qualified registries 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.



Qualified registry vendors may reference the Appendix of this document for [XML Specification Tips](#) and [Production Submission Tips](#).

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 qualified registry 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 NPES to confirm NPIs
 - b. Individual NPIs should be used for reporting 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.

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 or group practice 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 or group practices is accurate prior to submission.
5. Submit data for providers that are eligible to participate. See the 2015 [List of EPs](#) for PQRS.
6. Coding must ONLY be developed using CMS approved specifications.

Additional Information

- For more information related to 2015 PQRS qualified registry reporting, please refer to the [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-Based Payment Modifier](#) page of the Medicare FFS Physician Feedback Program/Value-Based Payment Modifier website
- All 2015 individual EP and PQRS group practice quality measure data collected via any reporting mechanism are available for public reporting on Physician Compare in late 2016. For more information on public reporting, view 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
qnetsupport@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 Qualified Registry Vendors

The following XML tips are to assist qualified registry vendors during submission:

XML Element	Description
<registry-name>	The name of the qualified registry must be used for this element.
<registry-id>	The tax identification number of the qualified registry must be used for this element.
<submission-type>	<p>This element has two options (Individual eligible professional or GPRO) to identify the type of submission.</p> <p>Individual EP</p> <ol style="list-style-type: none">1. Individual Registry Submission <p>Group Practice Participating through GPRO</p> <ol style="list-style-type: none">2. GPRO Registry Submission <p>Each XML file is limited to a single submission type. One XML file can only contain data for individual EPs or group practices participating through the GPRO, but can't contain data for both individual EPs and group practices. One XML file will need to be submitted for each of the submission types.</p>
<submission-method>	<p>This element has two options (Individual Measures or Measures Groups) to identify the submission method.</p> <p>Individual Measures</p> <p>A=12 months, 50%, at least 9 measures covering 3 NQS domains</p> <p>Measures Groups</p> <p>G =12 months, 20 patients, at least 1 measure group (G is not applicable for GPRO Registry Submission)</p> <p><i>Each XML file is limited to a single submission method. One XML file can only contain data for individual measures or measures groups but cannot contain data for both individual measures and measures groups. One XML file will need to be submitted for each of the submission methods.</i></p> <p><i>Note: Group practices are not able to report measures groups, so the measures group selection would be an invalid option if the GPRO submission type is selected.</i></p>

XML Element	Description
<measure-group>	This element should only contain one measures group option for each listing of this element. If multiple measures groups are being submitted, the element may repeat with additional entries. If GPRO data is being submitted, 'X = Not Applicable' must be used. If individual measures are being reported, 'X = Not Applicable' must be used.
<gpro-type>	If submitting GPRO data, this element must be populated with the appropriate GPRO type option (large, medium or small). The GPRO type should be determined based on the size of the GPRO at the close of GPRO registration.
<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. If submitting GPRO data, the NPI value must not be submitted. Data should be aggregated at the TIN level for group practices reporting through the GPRO.
<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 EP or GPRO has given the registry permission to submit data on their behalf. A waiver must be signed by the EP or GPRO prior to the data being submitted.
<measure-group-stat>	The measure group stat element consists of the following sub-elements: <ffs-patient-count> <group-reporting-rate-numerator> <group-eligible-instances> <group-reporting-rate> The measure group stat element and its sub-elements are only required if measures group data is being submitted and the measure-group value is not 'X'.
<ffs-patient-count>	This element should contain the total number of Medicare Part B FFS patients seen for the PQRS measure group. To meet the reporting requirements, the value populated in this element should reflect that at least a majority (11) of the patients are Medicare Part B FFS patients.
<group-reporting-rate-numerator>, <group-eligible-instances> and <group-reporting-rate>	These elements must be determined for the measures group level and not at the individual measure within a measures group level.
<pqrs-measure-number>	Only 2015 PQRS registry measures are able to be submitted. Please make sure that the measures you are submitting are in the 2015 measure specifications, which are located on the CMS PQRS website, Measures Codes web page.
<collection-method>	This element must be populated with at least one of the valid values (EHR, Claims, Practice Management System, or Web Based Tool), but can be populated with all four, if applicable.

XML Element	Description
<measure-strata-num>	<p>Some of the 2015 PQRS registry measures will be calculated with more than one performance rate as indicated in the measures specifications. The measure specification instructions 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>, <meets-performance-instances>, <performance-exclusion-instances>, <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>
<meets-performance-instances>, <performance-exclusion-instances> and <performance-not-met-instances>	<p>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 measure. The “2015 PQRS QDC Categories” document is in a zipped file with the 2015 PQRS Measure Specification on the PQRS Measures Codes web page.</p>
<reporting-rate>	<p>Equals the sum of all instances (“meets performance”, “performance exclusions” and “performance not met”) divided by the number of eligible instances.</p>
<performance-rate>	<p>Equals the number of “meets performance” instances divided by the number of reporting numerator minus the number of “performance exclusion” instances.</p>
0% vs Null Performance Rates	<p>0% is a 0/1 performance equation Null is a 0/0 performance equation (all performance exclusions)</p>

Table 2: Production Submission Tips

The following production submission tips are included to assist qualified registry vendors during submission:

<p>Data Submission Size Restrictions</p>	<ul style="list-style-type: none"> • Qualified Registry XML files must be greater than 0 bytes, but not exceed 20 MB. • Production files of the same file type may be zipped.
<p>Submission User Guides</p>	<p>Submission User Guides are available on the Portal in the User Guide section on the lower left pane.</p> <ul style="list-style-type: none"> • The following guides are provided: PQRS Portal User Guide PQRS SEVT User Guide PQRS Submission User Guide PQRS Submission Report User Guide
<p>Final Action Processing (FAP)</p>	<p>Final Action Processing (FAP) rules apply when submitting multiple files for the same EP or group practice through the Portal. The portal system will identify the most recent file submission (based on submission portal timestamp) 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:</p> <p>Registry XML format – submitter type ID (individual or GPRO), provider TIN, provider NPI, measure group identifier, measure number, and measure stratification number.</p> <p>Only submissions marked as final will be used for analysis when determining incentive eligibility. 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 incentive eligibility.</p> <p>Example: If a registry submits the following measures for the same TIN/NPI: Measures 1, 2, and 3 on Monday Measures 3, 4, and 5 on Tuesday</p> <p>Then Measure 3 data submitted on Tuesday would be marked for final processing along with measures 1, 2, 4, and 5. The data submitted for measure 3 on Monday would not be marked for final processing and will not be included for PQRS analysis.</p>