2016 Physician Quality Reporting System (PQRS)
Qualified Clinical Data Registry (QCDR) Training Guide

February 2017

Background

The Physician Quality Reporting System (PQRS) is a voluntary quality reporting program that uses downward 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 (analyzed at the 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 (Medicare PFS) services furnished to Medicare Part B Fee-for-Service (FFS) beneficiaries (including Railroad Retirement Board and Medicare Secondary Payer) will receive a 2018 PQRS downward payment adjustment for the 2016 PQRS reporting period.

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, PQRS group practices participating through GPRO, 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 avoid the PQRS downward 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.).

2016 QCDR Reporting Overview

What is a QCDR?

A 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 2016 Qualified Clinical Data Registries on the CMS PQRS website.

The data submitted to CMS via a QCDR cover quality measures across multiple payers and are not limited to Medicare beneficiaries. A QCDR is different from a qualified registry as its purpose must be improving quality of care beyond submitting data to CMS for PQRS. Also, QCDRs are 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:

- National Quality Forum (NQF)-endorsed measures
- Current 2016 PQRS measures
- 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)
- ❑ Data Validation Plan Submission
- ❑ Feedback
- ❑ Data Submission
- ❑ Benchmarking capability
- ❑ Risk adjust plan integrated with measure specifications if applicable
- ❑ Data Validation Execution Report
- ❑ Public Reporting
- ❑ Attend mandatory support calls for QCDRs throughout the year

See the 2016 PQRS: QCDR Criteria Toolkit 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 available to EPs participating as individuals (analyzed at the TIN/NPI level) and PQRS Group Practices (analyzed at the TIN level) to satisfy the PQRS requirements to avoid the downward PQRS payment adjustment.

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
- ✓ The QCDR is 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 that may be more applicable to the care you provide

Alignment with the EHR Incentive Program

The EHR Incentive Program applies to individual EPs, eligible hospitals, and critical access hospitals (CAHs) as they adopt, implement, upgrade or demonstrate meaningful use of certified EHR technology. CMS will allow individual EPs and PQRS Group Practices ***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 2016 must also satisfy the following criteria:

- Use 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 2016, PQRS will accept the June 2015 versions of the eCQMs under the EHR Incentive Program.
- Submit the eCQM data in a quality data reporting architecture (QRDA) Category III format, details available in the 2016 CMS QRDA Implementation Guide.
- Report on at least 9 measures covering at least 3 NQS domains. If the EP's/PQRS group practice's CEHRT does not contain patient data for at least 9 measures covering at least 3 domains, then the EP/group practice must report all the measures for which there is Medicare patient data. An EP/group practice must report on at least 1 measure containing Medicare patient data.

2016 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
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 2016 will be available in **summer 2016** 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 2016 is the June 2015 version.

– 2016 QRDA Category III implementation guide for PQRS program year 2016 are available on the CMS eCQM Library webpage of the EHR Incentive Program website.

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

Enterprise Identity Management (EIDM) Account

Each QCDR must have an EIDM account to submit test and production data. 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 EIDM accounts, review the Quick Reference Guides.

EIDM Account Users are responsible for submissions. QCDRs may acquire an unlimited number of EIDM accounts. QCDRs should have back-up submitter accounts for unplanned absences.

EIDM account holders are limited to 1 account per person. One account can be associated with multiple TINs and multiple roles. An existing EIDM account can't be transferred to another individual; however, a new account can be created.

Individual EPs and PQRS group practices participating in PQRS through a QCDR do not need an EIDM account to submit their PQRS data. However, individual EPs and PQRS group practices will need an EIDM account to access confidential feedback reports. A group practice will need an EIDM account to register as a group practice who would like to report as a GPRO.

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 2016 QCDR XML Specifications in summer 2016.
- The SEVT will be updated and available for 2016 QRDA Category III Implementation Guide in summer 2016.
- The SEVT accepts XML files with a maximum size of 20 MB.
- Zip files can 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.

Individual EPs and PQRS group practices are encouraged to discuss the SEVT process and outcome with their QCDR.

Production Submission

For submission to count for PQRS and the EHR Incentive Program, QCDRs must submit the quality measure data, in the QCDR XML format (PQRS only) or QRDA III format (PQRS or EHR Incentive Program), by **March 31, 2017.** Any submissions that occur after March 31, 2017, will ***not*** be processed for the EHR Incentive Program or PQRS.

Program Year 2016 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

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 closes.
    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 data for individual EPs, 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 2016 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 -** The 2016 QCDR XML Error Message document will be available on the QCDR reporting page 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. QCDRs must have provider consent on file prior to any data being submitted.
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 individual EP or PQRS 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 individual EPs and PQRS group practice is accurate prior to submission.
5. Submit data for providers that are eligible to participate. See the 2016 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 2016 PQRS QCDR reporting, please refer to the Qualified Clinical Data Registry Reporting page of the CMS website.
- For more information related to the 2016 PQRS downward 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; please refer to the Mailing Lists Fact Sheet for registration information.
- Vendors may subscribe to the Medicare FFS Provider ListServ; please refer to the Subscriber Registration page of the CMS website for registration information.
- For more information on the Value-Based Payment Modifier, go to the Value Modifier page of the Medicare FFS Physician Feedback Program/Value-Based Payment Modifier website.
- All 2016 individual EP quality measure data collected via any reporting mechanism are available for public reporting on Physician Compare in late 2017. 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 QualityNet Help Desk

QualityNet Help Desk
866-288-8912 (TTY 877-715-6222)
7:00 a.m. – 7:00 p.m. CT Mon-Fri
qnetsupport@hcqis.org

Physician Compare Team
PhysicianCompare@Westat.com

EHR Incentive Program Information Center
888-734-6433 (TTY 888-734-6563)

***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.*