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

December 2016

Background

The Physician Quality Reporting System (PQRS) is a voluntary quality reporting program that uses 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 registry. It is intended for individual EPs, PQRS group practices participating through 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 (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 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 individual EPs or PQRS group practices for the respective program year. The vendor may collect data from claims, web-based tools, practice management systems, and/or EHRs. The qualified registry will enter into a contract with the individual EPs or PQRS group practices, and may require a fee for submitting PQRS data.

Vendor Participation Requirements:

- ❑ Self-Nomination & Measure Information
- ❑ Data Validation Plan
- ❑ Test Submission
- ❑ Feedback
- ❑ Data Submission
- ❑ Data Validation Execution Report
- ❑ Attend mandatory support calls for Qualified Registries throughout the year

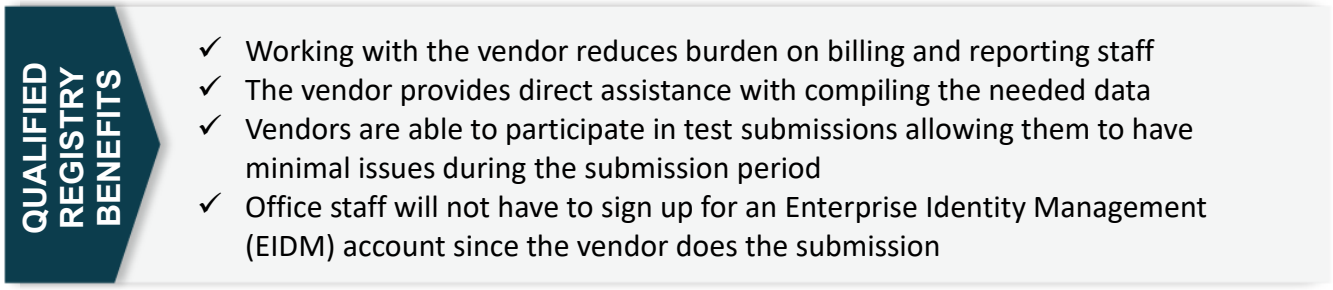
In order for an entity to be considered a qualified registry, the entity must successfully complete the self-nomination process and adhere to vendor requirements as outlined by CMS in the 2016 PQRS: Qualified Registry Criteria Toolkit. Individual EPs or PQRS group practices wishing to participate using the qualified registry reporting mechanism should review the 2016 Qualified Registries list to identify an entity that best meets the practice's needs as the vendor may only support specific measures or reporting options (individual EP versus PQRS group practice).

Who is able to report through a qualified registry?

For PQRS program year 2016, individual EPs and group practices participating via 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?



2016 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 2016 Registry XML Specifications are available on the Registry Reporting webpage of the PQRS website.

Enterprise Identity Management (EIDM) Account

Each qualified registry vendor must have an EIDM account to submit test and production data. Qualified registries 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. Qualified registries may acquire an unlimited number of EIDM accounts and they 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 qualified registry 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 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 2016 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 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 qualified registry.

Production Submission

Qualified registries must submit the quality measure data, in the proper format, to CMS between **January 3, 2017** and **March 31, 2017.** 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.

Program Year 2016 Submission Timeline

Production Submission Information:

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

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 and the 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 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 period 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 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.

Submission Lessons Learned

1. Qualified Registries 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 or PQRS group practices are accurate prior to submission.
5. Submit data for providers that are eligible to participate. See the 2016 List of EPs for PQRS.
6. Coding must ONLY be developed using CMS approved specifications.

Additional Information

- For more information related to 2016 PQRS qualified registry reporting, please refer to the 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 Modifier, go to the Value-Based Payment Modifier page of the Medicare FFS Physician Feedback Program/Value-Based Payment Modifier website.
- All 2016 individual EPs and PQRS group practices 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, 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 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

*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.*