



User Guide:

2016 Physician Quality Reporting System (PQRS) Feedback Reports

9/13/2017

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User Guide: 2016 Physician Quality Reporting System (PQRS) Feedback Reports

Background

The Physician Quality Reporting System (PQRS) is a voluntary quality reporting program that improves quality health care through accountability and public disclosure. PQRS encourages individual eligible professionals (EPs) and PQRS group practices to report quality measures in order to avoid a downward payment adjustment. The program applies a downward 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 2016 program year will avoid the 2018 PQRS downward 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 2016 PQRS feedback reports.

Note: Detailed submission information for PQRS group practices that submitted via the Web Interface will be available in the Quality and Resource Use Reports (QRURs). The 2016 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 [2016 QRUR webpage](#).

Report Overview and Content

Overview

The 2016 PQRS feedback reports provide individual EPs and PQRS group practices with the reporting analysis showing whether or not they met PQRS criteria for avoiding the 2018 PQRS downward payment adjustment. Additionally, the reports provide detailed information about the quality data submitted by the provider. The 2016 PQRS feedback reports are scheduled to be available in the early fall of 2017.

The 2016 PQRS feedback reports reflect data from the Medicare PFS claims received with dates of service from January 1, 2016 – December 31, 2016 that were processed into the National Claims History (NCH) by February 24, 2017. 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 PQRS 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.

2016 PQRS reporting mechanisms included the following:

Individual EPs	PQRS group practices*
Claims	Qualified registry
Qualified registry	QCDR
Qualified clinical data registry (QCDR)	Electronic reporting using an EHR direct
Electronic reporting using an EHR direct	Electronic reporting using EHR DSV
Electronic reporting using an EHR data submission vendor (DSV)	Web Interface (25+ providers)

**The Consumer Assessment of Healthcare Providers and Systems (CAHPS) for PQRS using CMS-certified survey vendor 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 2016 reporting year. Additionally, the Reportable 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 2016 PQRS Feedback Reports* will provide information on accessing, navigating, and downloading the PQRS feedback reports. A condensed version called *Quick Access Guide: 2016 PQRS Feedback Report* is also available. Both documents can be found on the [PQRS Analysis and Payment webpage](#).

EIDM Roles for Report Access

To access the 2016 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.

If this is the first time the TIN is being registered, please ensure that you have the following information:

- Individuals – Individual NPI and Individual Provider Transaction Access Number (PTAN)
- Groups (more than 2 providers) – 2 unique Individual NPIs and PTANs.

There are two 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 two 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 to access 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 a PQRS group practice but would also include TINs where the EPs under the TIN are reporting individually. The two 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 to access 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 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. 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 gnetsupport@hcqis.org.

Content

The information displayed on the tabs is based on the method of submission and the data submitted; not all users will have information displayed.

The **PQRS Payment Adjustment Feedback Report (for Individuals or Groups)** contains the following sections/tabs:

- About This Report (*default tab*)
- Adjustment Summary
- Individual Adjustment Detail -1
- Individual Adjustment Detail -2
- Group Adjustment Detail
- Hover-Over Terms - to view the descriptions of the terms used in the report, use device mouse to hover over the terms in the report that are denoted with (†) sign

The **PQRS Payment Adjustment Measure Performance Detail Report (for Individuals or Groups)** contains the following sections/tabs:

- About This Report (*default tab*)
- Group Registry Measure
- Group QCDR Measure
- Group EHR QRDA I Measure
- Group EHR QRDA III Measure
- Reported Claim Measure

- Reportable Claim Measure
- Registry Measure
- Measures Group Measure
- QCDR Measure
- EHR QRDA I Measure
- EHR QRDA III Measure
- Hover-Over Terms

The order of the tabs in the report will vary based on the user's role. See Figure A for a visual representation of what feedback report information a user can see based on his or her reporting as either an individual EP or as a PQRS group practice.

Figure A: PQRS Feedback Report Information Users Can See Based on Reporting Role

	Method	Feedback Summary Report			Measure Performance Detail Report										
		Adjustment Summary	Individual Adjustment Detail (1 and 2)	Group Adjustment Detail	Reported Claim Measure	Reportable Claim Measure	Registry Measure	Measure Group Measure	QCDR Measure	EHR QRDA I Measure	EHR QRDA III Measure	Group Registry Measure	Group EHR QRDA I Measure	Group EHR QRDA III Measure	Group QCDR Measure
Individual EPs	Claims	X	X		X	X									
	Qualified Registry	X	X			X	X	X							
	Qualified Clinical Data Registry (QCDR)	X	X			X			X						
	Electronic Reporting using an EHR direct or EHR data submission vendor (DSV)	X	X			X				X	X				
PQRS Group Practices	Qualified Registry	X		X		X						X			
	Qualified Clinical Data Registry	X		X		X									X
	Electronic reporting using an EHR direct	X		X		X							X	X	
	Electronic reporting using EHR DSV	X		X		X							X	X	
	GPRO Web Interface	X		X		X									
	ACO Web Interface	X		X		X									

Sample 2016 PQRS Feedback Reports

Individual EPs - PQRS Payment Adjustment Feedback Report

A static cover page is included in each PQRS payment adjustment feedback report under the “About This Report” tab and features:


- Information about the 2018 PQRS payment adjustment feedback report
- Information about ICD-10
- Information about a proposed policy change
- Who to contact for help or questions

NOTE: The screenshots provided below are intended to show samples of how a feedback report would look. The PQRS feedback report will display the message **"No data submission available"** if there is no data available for any tab.

Figure 1: About This Report Tab


2018 PHYSICIAN QUALITY REPORTING SYSTEM (PQRS) PAYMENT ADJUSTMENT FEEDBACK REPORT FOR PROGRAM YEAR 2016	
ABOUT THE 2018 PQRS PAYMENT ADJUSTMENT FEEDBACK REPORT	
<p>Under the Physician Quality Reporting System (PQRS), program year 2016 was the reporting period to determine subjectivity to the 2018 PQRS downward payment adjustment, as well as to avoid the 2018 automatic downward adjustment and qualify for adjustments based on performance under the Value-Based Payment Modifier.</p> <p>Eligible professionals (EPs) who were part of a Shared Savings Program (SSP) Accountable Care Organization (ACO) participant Tax Identification Number (TIN) during the Program Year (PY) 2015 may have reported quality data outside their ACO for the 2016 special secondary reporting period, because their ACO failed to report on their behalf for PY 2015 PQRS to avoid the 2017 PQRS Payment Adjustment.</p> <p>This report provides payment adjustment information at the Medicare TIN level, with individual-level reporting by National Provider Identifier (NPI), for each EP who reported quality measures data under the TIN for services furnished during the PY 2016 reporting period (January 1, 2016 - December 31, 2016).</p> <p>Information on the criteria to avoid the 2018 PQRS payment adjustment can be found at https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/Payment-Adjustment-Information.html.</p>	
ABOUT ICD-10	
<p>CMS examined impact to quality measures and has determined that the International Classification of Diseases (ICD)-10-CM and ICD-10-PCS code updates will impact CMS's ability to process data reported on certain quality measures for the 4th quarter of CY 2016. Therefore, CMS will not apply the 2018 PQRS payment adjustments to any EP or group practice that failed to satisfactorily report for CY 2016 solely as a result of the impact of ICD-10 code updates on quality data reported for the 4th quarter of CY 2016. Information and frequently asked questions (FAQs) about the ICD-10-CM code updates that impact PQRS can be found at https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/ICD-10_Section.html.</p> <p><i>Please Note: Payment Adjustment indicator will only reflect on this report and not on the "2018 PQRS Payment Adjustment Measure Performance Detail Report".</i></p>	
<div><div>◀ ▶</div><div>About This Report</div><div>Adjustment Summary</div><div>Individual Adjustment Det ...</div><div>⊕</div></div>	

Figure 2: About This Report Tab (continued)


ABOUT POLICY CHANGE 

Except for the Adjustment Summary section, the contents of this report are based on the PQRs policies set forth in current 42 CFR 414.90 (effective as of January 1, 2017). These policies apply to the 2016 program year for PQRs, which apply to determine the 2018 downward payment adjustment for those that are unsuccessful in PQRs. The Adjustment Summary section reflects the policies proposed in the CY 2018 Physician Fee Schedule (PFS) proposed rule; if these policies are not finalized as proposed, we will issue a revised PQRs feedback report.

Please Note: The policy proposed in the CY 2018 PFS proposed rule will only reflect on the Adjustment Summary section of this report; if these policies are not finalized as proposed, we will issue a revised PQRs feedback report. All other contents/data in this report are based on current 42 CFR 414.90 (effective as of January 1, 2017).

QUESTIONS? 

For additional assistance regarding EIDM or the content or data contained in the PQRs Feedback Reports, contact the QualityNet Help Desk at 1-866-288-8912 (TTY 1-877-715-6222) from 7:00 a.m. to 7:00 p.m. Central Time, Monday through Friday, or via email at qnet-support@hcgis.org. To avoid security violations, please do not include personal identifying information such as Social Security Number or Tax Identification Number in email inquiries to the QualityNet Help Desk. For additional assistance regarding the Quality and Resource Use Report (QRUR) or the Value Modifier, or if you are having trouble accessing the PQRs Feedback Reports, contact the Physician Value Help Desk at pvhelpdesk@cms.hhs.gov or 888-734-6433 (select option 3).

 **About This Report**

Adjustment Summary


Individual Adjustment Det ... 

Figure 3: PQRS Payment Adjustment Summary

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.

2018 PHYSICIAN QUALITY REPORTING SYSTEM (PQRS) PAYMENT ADJUSTMENT FEEDBACK REPORT												
FOR PROGRAM YEAR 2016												
(TIN-LEVEL REPORT WITH INDIVIDUAL NPIS)												
Tax ID Name: GROUP NAME		PQRS Group Practice Registered TIN?		No								
Tax ID Number: XXXXX0000		PQRS Group Practice Registered Mechanism:		N/A								
		PQRS Group Practice Registered Size †:		N/A								
PQRS Payment Adjustment Summary												
NPI	NPI Name	Provider Specialty Type	Critical Access Hospital CCN †	Total Part B PFS Allowed Charges †	Subject to 2018 PQRS Payment Adjustment?	Payment Adjustment Assessment Reporting Mechanism	Payment Adjustment Assessment Rationale	Eligible for 2018 PQRS Payment Adjustment?	Exempt from 2018 PQRS Payment Adjustment due to Provider Specialty?	Exempt from 2018 PQRS Payment Adjustment due to services not payable under the Medicare Physician Fee Schedule (PFS)? †	Exempt from 2018 PQRS Payment Adjustment due to services do not fall into the denominator for any measures? †	Exempt from 2018 PQRS Payment Adjustment due to NPI working at an Independent Diagnostic Testing Facility (IDTF) or Independent Laboratory (IL)?
111111111	Eligible Professional Name A	Physical Medicine & Rehabilitation	N/A	\$291,976.28	No	Measures Groups - 20 patients via registry	Sufficient number of Medicare patients and measures group reported	Yes	No	No	No	No
222222222	Eligible Professional Name B	Physical Medicine & Rehabilitation	N/A	\$220,870.91	No	Measures Groups - 20 patients via registry	Sufficient number of Medicare patients and measures group reported	Yes	No	No	No	No
333333333	Eligible Professional Name C	Physical Medicine & Rehabilitation	N/A	\$8,231.17	Yes	Individual measure(s) reporting via claims	Insufficient number and type of measures were reported	Yes	No	No	No	No
† Indicates terms defined through the hover-over function.												
<div> Adjustment Summary Individual Adjustment Detail-1 Individual Adjustment Detail-2 Group Adjustment Detail </div>												

Figure 4: PQRS Payment Adjustment – Individual Adjustment Detail - 1

Participation details for each individual EP's payment adjustment are included in two different tabs. This is different than the year before where all of the information was in a single tab that tended to be very wide and required scrolling to the right.

2018 PHYSICIAN QUALITY REPORTING SYSTEM (PQRS) PAYMENT ADJUSTMENT FEEDBACK REPORT FOR PROGRAM YEAR 2016 (TIN-LEVEL REPORT WITH INDIVIDUAL NPIS)							
Tax ID Name: GROUP NAME		PQRS Group Practice Registered TIN? No		PQRS Group Practice Registered Mechanism: N/A			
Tax ID Number: XXXXX0000		PQRS Group Practice Registered Size †: N/A					
PQRS Payment Adjustment Participation Detail for EP							
NPI	NPI Name	Vendor ID	Vendor Name	Satisfactorily Reported via Reporting Mechanism?	Payment Adjustment Assessment Reporting Mechanism	PQRS Group Practice Participation Notes	Payment Adjustment Assessment Rationale
111111111	Eligible Professional Name	9999999	Vendor Name	Yes	Measures Groups - 20 patients via registry	-	Sufficient number of Medicare patients and measures group
222222222	Eligible Professional Name	N/A	N/A	No	Individual measure(s) reporting via claims	-	Insufficient number and type of measures were reported
† Indicates terms defined through the hover-over function.							
<div> ← → ... Adjustment Summary Individual Adjustment Detail-1 Individual Ad ... + </div>							

Figure 4a: PQRS Payment Adjustment – Individual Adjustment Detail – 1 (continued)

Total # Individual Measures Reported †	Total # Individual Measures Satisfactorily Reported †	Total # NQS Domains for Individual Measures Satisfactorily Reported †	Total # Measures Groups Reported	Total # Measures Groups Satisfactorily Reported †
N/A	N/A	N/A	1	1
3	0	0	N/A	N/A

Figure 5: PQRS Payment Adjustment – Individual Adjustment Detail – 2

Additional PQRS participation details are shown in this tab.

2018 PHYSICIAN QUALITY REPORTING SYSTEM (PQRS) PAYMENT ADJUSTMENT FEEDBACK REPORT FOR PROGRAM YEAR 2016 (TIN-LEVEL REPORT WITH INDIVIDUAL NPIS)										
Tax ID Name: GROUP NAME		PQRS Group Practice Registered TIN? No								
Tax ID Number: XXXXX0000		PQRS Group Practice Registered Mechanism: N/A								
		PQRS Group Practice Registered Size †: N/A								
PQRS Payment Adjustment Participation Detail for EP										
NPI	NPI Name	Vendor ID	Vendor Name	Satisfactorily Reported via Reporting Mechanism?	Payment Adjustment Assessment Reporting Mechanism	Is MAV Criteria Applicable? †	Passed MAV? †	Total # Outcome Measures Satisfactorily Reported †	Face-to-face encounter code present? †	Cross-cutting measure Satisfactorily Reported? †
111111111	Eligible Professional Name	9999999	Vendor Name	Yes	Measures Groups - 20 patients via registry	N/A	N/A	N/A	N/A	N/A
222222222	Eligible Professional Name	N/A	N/A	No	Individual measure(s) reporting via claims	No	N/A	N/A	No	N/A
† Indicates terms defined through the hover-over function.										
<div style="display: flex; justify-content: space-between; align-items: center;"> ◀ ▶ ... Individual Adjustment Detail-1 Individual Adjustment Detail-2 Gro ... (+) ◀ ▶ </div>										

Figure 5a: PQRS Payment Adjustment – Individual Adjustment Detail – 2 (continued)

Total # Individual Claim Measures with QDCs Reported (successful, exceptions, insufficient) †	Total # Individual Claim Measures with QDC Exceptions Reported †	Million Hearts Initiative (MHI) Successfully Reported?
N/A	N/A	No
6	3	No

Figure 6: Group Adjustment Detail

This tab shows if the individual EP participated in PQRS as part of a PQRS group practice, as well as the reporting mechanism and size of the PQRS group practice at the time of registration.

2018 PHYSICIAN QUALITY REPORTING SYSTEM (PQRS) PAYMENT ADJUSTMENT FEEDBACK REPORT			
FOR PROGRAM YEAR 2016			
(TIN-LEVEL REPORT WITH INDIVIDUAL NPIs)			
Tax ID Name:	GROUP NAME	PQRS Group Practice Registered TIN?	No
Tax ID Number:	XXXXXX0000	PQRS Group Practice Registered Mechanism:	N/A
		PQRS Group Practice Registered Size †:	N/A
No submission data available			
† Indicates terms defined through the hover-over function.			

► ... Individual Adjustment Detail-2

Group Adjustment Detail

Hover-Over ... (+)

Figure 7: Hover-Over Terms

Each report also includes a tab with the hover-over terms.

2018 PHYSICIAN QUALITY REPORTING SYSTEM (PQRS) PAYMENT ADJUSTMENT FEEDBACK REPORT	
Terms	Hover-Over Definition
Adjustment Summary	
PQRS Group Practice Registered Size	Group Practice Registered Size is obtained from Group Practice registration data
Critical Access Hospital CCN	Hospital CMS Certification Number (CCN) is issued for each Hospital and is only displayed for NPIs for whom Part B PFS charges were billed at a Critical Access Hospital (CAH Method II billing)
Total Part B PFS Allowed Charges	Total Part B PFS Allowed Charges includes both CAH II and non-CAH II PFS charges for providers
Exempt from 2018 PQRS Payment Adjustment due to services not payable under the Medicare Physician Fee Schedule (PFS)?	Total Part B PFS Allowed Charges must = 0 to be exempt from the 2018 PQRS Payment Adjustment due to services not payable under the Medicare Physician Fee Schedule (PFS)
Exempt from 2018 PQRS Payment Adjustment due to services do not fall into the denominator for any measures?	The Reportable Claim Measure (see PQRS Payment Adjustment Measure Performance Detail) must contain no measures to be exempt from 2018 PQRS Payment Adjustment due to services that do not fall into the denominator for any measure

► ... Individual Adjustment Detail-2

Group Adjustment Detail

Hover-Over Terms (+)

Individual EPs - PQRS Payment Adjustment Measure Performance Detail Report

Figure 8: About This Report Tab

A static cover page is included in each PQRS payment adjustment measure performance detail report under the “About This Report” tab and features:

- Information about the 2018 PQRS payment adjustment measure performance detail report
- Information about ICD-10
- Who to contact for help or questions






2018 PHYSICIAN QUALITY REPORTING SYSTEM (PQRS) PAYMENT ADJUSTMENT MEASURE PERFORMANCE DETAIL REPORT FOR PROGRAM YEAR 2016	
	ABOUT THE 2018 PQRS PAYMENT ADJUSTMENT MEASURE PERFORMANCE DETAIL REPORT Under the Physician Quality Reporting System (PQRS), program year 2016 was the reporting period to determine subjectivity to the 2018 PQRS downward payment adjustment, as well as to avoid the 2018 automatic downward adjustment and qualify for adjustments based on performance under the Value-Based Payment Modifier. Eligible professionals (EPs) who were part of a Shared Savings Program (SSP) Accountable Care Organization (ACO) participant Tax Identification Number (TIN) during the Program Year (PY) 2015 may have reported quality data outside their ACO for the 2016 special secondary reporting period, because their ACO failed to report on their behalf for PY 2015 PQRS to avoid the 2017 PQRS Payment Adjustment. This report provides payment adjustment information at the Medicare TIN level, with individual-level reporting by National Provider Identifier (NPI), for each EP who reported quality measures data under the TIN for services furnished during the PY 2016 reporting period (January 1, 2016 - December 31, 2016). Information on the criteria to avoid the 2018 PQRS payment adjustment can be found at https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/Payment-Adjustment-Information.html .
	ABOUT ICD-10 CMS examined impact to quality measures and has determined that the International Classification of Diseases (ICD)-10-CM and ICD-10-PCS code updates will impact CMS's ability to process data reported on certain quality measures for the 4th quarter of CY 2016. Therefore, CMS will not apply the 2018 PQRS payment adjustments to any EP or group practice that failed to satisfactorily report for CY 2016 solely as a result of the impact of ICD-10 code updates on quality data reported for the 4th quarter of CY 2016. Information and frequently asked questions (FAQs) about the ICD-10-CM code updates that impact PQRS can be found at https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/ICD-10_Section.html .
	QUESTIONS? For additional assistance regarding EIDM or the content or data contained in the PQRS Feedback Reports, contact the QualityNet Help Desk at 1-866-288-8912 (TTY 1-877-715-6222) from 7:00 a.m. to 7:00 p.m. Central Time, Monday through Friday, or via email at qnet-support@hcqis.org . To avoid security violations, please do not include personal identifying information such as Social Security Number or Tax Identification Number in email inquiries to the QualityNet Help Desk. For additional assistance regarding the Quality and Resource Use Report (QRUR) or the Value Modifier, or if you are having trouble accessing the PQRS Feedback Reports, contact the Physician Value Help Desk at pvhelpdesk@cms.hhs.gov or 888-734-6433 (select option 3).
<div>  About This Report Reported Claim Measure Reportable C</div>	

Figure 9: PQRS Payment Adjustment Measure Performance Detail – Reported Claim Measure

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

The Reported Claim Measure tab includes summary information on this reporting mechanism. **Note:** New this year is an additional tab that populates for Claims Measures that could have been reported (see Figure 10). This information was listed on the same tab in the previous year's reports.

2018 PHYSICIAN QUALITY REPORTING SYSTEM (PQRS) PAYMENT ADJUSTMENT MEASURE PERFORMANCE DETAIL REPORT											
FOR PROGRAM YEAR 2016 (TIN-NPI LEVEL REPORT)											
Tax ID Name: GROUP NAME				PQRS Group Practice Registered TIN?				No			
Tax ID Number: XXXXX0000				PQRS Group Practice Registered Mechanism:				N/A			
NPI Name: Eligible Professional Name				PQRS Group Practice Registered Size †:				N/A			
NPI Number: 1111111111											
Claim Performance Information for Individual Measures											
PQRS Measure #	NQF Measure #	Measure Title	Measure Satisfactorily Reported?	NQS Domain	MAV Clusters †	Multi-Performance Rate Measure Strata Number	Reporting Denominator †	Reporting Numerator †	Performance Exclusions	Performance Denominator †	Performance Met †
47	0326	Advance Care Plan	No	Communication and Care Coordination	Cancer Care, Surgical Care	1	1	1	0	1	0
76	N/A	Prevention of Central Venous Catheter (CVC) - Related Bloodstream Infections	Yes	Patient Safety	N/A	1	4	4	0	4	4

† Indicates terms defined through the hover-over function.

▶
About This Report
Reported Claim Measure
Reportable Claim Meas ...
⊕
⋮
◀

Figure 9a: PQRS Payment Adjustment Measure Performance Detail – Reported Claim Measure (continued)

Performance Not Met	Overall Reporting Rate †	Performance Rate	Inverse Measure?	Cross-cutting Measure? †	Successful QDC Reported Count	Insufficient QDC Reported Count	Million Heart Measure?
1	100.00%	0.00%	No	Yes	1	0	No
0	100.00%	100.00%	No	No	4	0	No

Figure 10: PQRS Payment Adjustment Measure Performance Detail – Reportable Claim Measure

The Reportable Claim Measure tab includes 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.


2018 PHYSICIAN QUALITY REPORTING SYSTEM (PQRS) PAYMENT ADJUSTMENT MEASURE PERFORMANCE DETAIL REPORT									
FOR PROGRAM YEAR 2016 (TIN-NPI LEVEL REPORT)									
Tax ID Name:	GROUP NAME				PQRS Group Practice Registered TIN?	No			
Tax ID Number:	XXXXX0000				PQRS Group Practice Registered Mechanism:	N/A			
NPI Name:	Eligible Professional Name				PQRS Group Practice Registered Size †:	N/A			
NPI Number:	1111111111								
Claim measures that could have been reported based on claims data									
PQRS Measure #	NQF Measure #	Measure Title	NQS Domain	MAV Clusters †	Multi-Performance Rate Measure Strata Number	Reporting Denominator †	Inverse Measure?	Cross-cutting Measure? †	Million Heart Measure?
1	0059	Diabetes: Hemoglobin A1c Poor Control	Effective Clinical Care	Diabetic Care	1	1	Yes	Yes	 No
† Indicates terms defined through the hover-over function.									
<div> About This Report Reported Claim Measure Reportable Claim Measure Registry Measure Meas ... </div>									

Figure 10a: PQRS Payment Adjustment Measure Performance Detail – Reportable Claim Measure (continued)

Here is another example of a populated Reportable Claim Measure tab.

2018 PHYSICIAN QUALITY REPORTING SYSTEM (PQRS) PAYMENT ADJUSTMENT MEASURE PERFORMANCE DETAIL REPORT									
FOR PROGRAM YEAR 2016 (TIN-NPI LEVEL REPORT)									
Tax ID Name:	GROUP NAME				PQRS Group Practice Registered TIN?	No			
Tax ID Number:	XXXXX0000				PQRS Group Practice Registered Mechanism:	N/A			
NPI Name:	Eligible Professional Name				PQRS Group Practice Registered Size †:	N/A			
NPI Number:	1111111111								
Claim measures that could have been reported based on claims data									
PQRS Measure #	NQF Measure #	Measure Title	NQS Domain	MAV Clusters †	Multi-Performance Rate Measure Strata Number	Reporting Denominator †	Inverse Measure?	Cross-cutting Measure? †	Million Heart Measure?
39	1	Screening or Therapy for Osteoporosis for Women Aged 65 Years and Older	Effective Clinical Care	Osteoporosis Care	0	0	No	No	No
47	2	Advance Care Plan	Communication and Care Coordination	Cancer Care, Surgical Care	0	0	No	Yes	No
48	3	Urinary Incontinence: Assessment of Presence or Absence of Urinary Incontinence in Women Aged 65 Years and Older	Effective Clinical Care	Urinary Incontinence Care	0	0	No	No	No
128	4	Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up Plan	Community/Population Health	Diabetic Care	0	0	No	Yes	No
154	5	Falls: Risk Assessment	Patient Safety	N/A	0	0	No	Yes	No
181	6	Elder Maltreatment Screen and Follow-Up Plan	Patient Safety	N/A	0	0	No	No	No
226	7	Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention	Community/Population Health	Cancer Care, General Care	0	0	No	Yes	Yes
<div> Reportable Claim Measure Registry Measure Measures Group Measure QCDR Measure EHR QRDA I Measure </div>									

Figure 11: PQRS Payment Adjustment Measure Performance Detail – Measures Group Measure

2018 PHYSICIAN QUALITY REPORTING SYSTEM (PQRS) PAYMENT ADJUSTMENT MEASURE PERFORMANCE DETAIL REPORT													
FOR PROGRAM YEAR 2016													
(TIN-NPI LEVEL REPORT)													
Tax ID Name: GROUP NAME		PQRS Group Practice Registered TIN?		No									
Tax ID Number: XXXXX0000		PQRS Group Practice Registered Mechanism:		N/A									
NPI Name: Eligible Professional Name		PQRS Group Practice Registered Size †:		N/A									
NPI Number: 1111111111													
Registry Performance Information for 20 Patients Measures Groups Method													
Vendor ID	Vendor Name	Measures Group	PQRS Measure #	NQF Measure #	Measure Title	Measure Satisfactorily Reported?	Measures Group Satisfactorily Reported? †	Measures Group Reporting Denominator	Measures Group Reporting Numerator †	Reporting Denominator †	Reporting Numerator †	Performance Exclusions	Performance Denominator
9999999	Vendor Name	Chronic Obstructive	47	0326	Advance Care Plan	Yes	Yes	22	22	22	22	0	22
8888888	Vendor Name	Chronic Obstructive Pulmonary Disease (COPD) Measures Group	51	0091	Chronic Obstructive Pulmonary Disease (COPD): Spirometry Evaluation	Yes	Yes	22	22	22	22	0	22
7777777	Vendor Name	Chronic Obstructive Pulmonary Disease (COPD) Measures Group	52	0102	Chronic Obstructive Pulmonary Disease (COPD): Inhaled Bronchodilator Therapy	Yes	Yes	22	22	22	22	0	22
6666666	Vendor Name	Chronic Obstructive Pulmonary Disease	111	0043	Pneumonia Vaccination Status for Older Adults	Yes	Yes	22	22	22	22	0	22
5555555	Vendor Name	Chronic Obstructive Pulmonary Disease (COPD) Measures Group	130	0419	Documentation of Current Medications in the Medical Record	Yes	Yes	22	22	22	22	0	22
4444444	Vendor Name	Chronic Obstructive Pulmonary Disease (COPD) Measures Group	110	0041	Preventive Care and Screening: Influenza Immunization	Yes	Yes	22	22	22	22	0	22
3333333	Vendor Name	Chronic Obstructive Pulmonary Disease (COPD) Measures Group	226	0028	Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention	Yes	Yes	22	22	22	22	0	22
† Indicates terms defined through the hover-over function.													
▶ ... Registry Measure Measures Group Measure QCDR Measure EHR QRDA I Measure EHR QRDA III Measure													

Figure 11a: PQRS Payment Adjustment Measure Performance Detail – Measures Group Measure (continued)

Performance Met †	Performance Not Met	Overall Reporting Rate	Performance Rate	Inverse Measure?	Medicare FFS Patient Count †	Million Heart Measure?
22	0	100.00%	100.00%	No	20	No
22	0	100.00%	100.00%	No	20	No
22	0	100.00%	100.00%	No	20	No
22	0	100.00%	100.00%	No	20	No
22	0	100.00%	100.00%	No	20	No
22	0	100.00%	100.00%	No	20	No
19	3	100.00%	86.36%	No	20	Yes

Figure 12: PQRS Payment Adjustment Measure Performance Detail – QCDR Measure

Here is an example scenario featuring QCDR reporting by individual EPs.

2018 PHYSICIAN QUALITY REPORTING SYSTEM (PQRS) PAYMENT ADJUSTMENT MEASURE PERFORMANCE DETAIL REPORT									
FOR PROGRAM YEAR 2016 (TIN-NPI LEVEL REPORT)									
Tax ID Name: GROUP NAME		PQRS Group Practice Registered TIN?		No					
Tax ID Number: XXXXX0000		PQRS Group Practice Registered Mechanism:		N/A					
NPI Name: Eligible Professional Name		PQRS Group Practice Registered Size †:		N/A					
NPI Number: 1111111111									
Qualified Clinic									
Vendor ID	Vendor Name	PQRS Measure #	NQF Measure #	eCQM ID	Measure Title	Measure Satisfactorily Reported?	NQS Domain	Measure Specification Used	Measure
9999999	Vendor Name	76	N/A	-	Prevention of Central Venous Catheter (CVC) - Related Bloodstream Infections	No	Patient Safety	QCDR	Proce
8888888	Vendor Name	MIRAMED 1	N/A	-	Perioperative Cardiac Arrest Rate	Yes	Patient Safety	QCDR-NONPQRS	Outco
7777777	Vendor Name	MIRAMED 2	N/A	-	PACU Intubation Rate	Yes	Patient Safety	QCDR-NONPQRS	Outco
6666666	Vendor Name	MIRAMED 3	N/A	-	Dental Injury	Yes	Patient Safety	QCDR-NONPQRS	Outco
5555555	Vendor Name	MIRAMED 4	N/A	-	Perioperative Mortality Rate	Yes	Patient Safety	QCDR-NONPQRS	Outco
4444444	Vendor Name	MIRAMED 5	N/A	-	Adult PACU Pain Management	Yes	Person and Caregiver-Centered Experience and	QCDR-NONPQRS	Outco
3333333	Vendor Name	MIRAMED 6	N/A	-	Anaphylaxis During Anesthesia Care	No	Patient Safety	QCDR-NONPQRS	Outco
2222222	Vendor Name	MIRAMED 7	N/A	-	Corneal Abrasion	Yes	Patient Safety	QCDR-NONPQRS	Outco
1111111	Vendor Name	MIRAMED 8	N/A	-	Case Cancellation Rate	Yes	Efficiency and Cost	QCDR-NONPQRS	Proce
9111111	Vendor Name	MIRAMED 9	N/A	-	Case Delay Rate	Yes	Efficiency and Cost	QCDR-NONPQRS	Proce

Registry Measure | Measures Group Measure | QCDR Measure | EHR C ... (+)

Figure 12a: PQRS Payment Adjustment Measure Performance Detail – QCDR Measure (continued)

Lifed Clinical Data Registry Performance Information for Individual Measures																
						Proportion Measure Detail								Continuous Measure Detail		
Measure Type †	Inverse Measure?	Million Heart Measure?	Multi-Performance Rate Measure Strata Number	Initial Patient Population (IPP)	Overall Reporting Rate †	Reporting Denominator	Reporting Numerator †	Denominator Exceptions	Denominator Exclusions	Performance Denominator †	Performance Met †	Performance Not Met	Performance Rate	Measure Population (MSRPOPL) †	Measure Exception (MSRPOPLEX)	Observation Value / Measure Score
Process	No	No	1	504	25.00%	8	2	2	496	0	0	0	-	-	-	-
Outcome	No	No	1	504	66.00%	394	260	0	110	260	260	0	100.00%	-	-	-
Outcome	No	No	1	504	62.90%	394	248	23	110	225	225	0	100.00%	-	-	-
Outcome	No	No	1	504	62.90%	394	248	24	110	224	224	0	100.00%	-	-	-
Outcome	No	No	1	504	62.40%	356	222	0	148	222	222	0	100.00%	-	-	-
Outcome	No	No	1	504	63.50%	400	254	2	104	252	251	1	99.60%	-	-	-
Outcome	No	No	1	504	63.90%	404	258	2	100	256	0	256	0.00%	-	-	-
Outcome	Yes	No	1	504	64.50%	411	265	23	93	242	0	242	0.00%	-	-	-
Process	No	No	1	504	62.60%	358	224	0	146	224	224	0	100.00%	-	-	-
Process	Yes	No	1	504	62.60%	358	224	0	146	224	219	5	97.80%	-	-	-
Process	No	No	1	504	62.80%	393	247	25	111	222	222	0	100.00%	-	-	-
Intermediate Outcome	No	No	1	504	61.65%	399	246	235	105	11	2	9	18.18%	-	-	-
Process	No	No	1	504	50.11%	453	227	1	51	226	226	0	100.00%	-	-	-

PQRS Group Practices

The static About This Report tab will also populate for PQRS group practices, similar to Figures 1-2. The Hover Over tab will also be available.

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 13: Payment Adjustment Summary

Here is an example scenario featuring a PQRS group practice that reported via registry.

2018 PHYSICIAN QUALITY REPORTING SYSTEM (PQRS) PAYMENT ADJUSTMENT FEEDBACK REPORT												
FOR PROGRAM YEAR 2016 (TIN-LEVEL REPORT WITH INDIVIDUAL NPIS)												
Tax ID Name:		GROUP NAME		PQRS Group Practice Registered TIN?		Yes						
Tax ID Number:		XXXXX0000		PQRS Group Practice Registered Mechanism:		Registry as a Group Practice						
				PQRS Group Practice Registered Size †:		100 or More Individual Eligible Professionals						
PQRS Payment Adjustment Summary												
NPI	NPI Name	Provider Specialty Type	Critical Access Hospital CCN †	Total Part B PFS Allowed Charges †	Subject to 2018 PQRS Payment Adjustment?	Payment Adjustment Assessment Reporting Mechanism	Payment Adjustment Assessment Rationale	Eligible for 2018 PQRS Payment Adjustment Assessment?	Exempt from 2018 PQRS Payment Adjustment due to Provider Specialty?	Exempt from 2018 PQRS Payment Adjustment due to services not payable under the Medicare Physician Fee Schedule (PFS)? †	Exempt from 2018 PQRS Payment Adjustment due to services do not fall into the denominator for any measures? †	Exempt from 2018 PQRS Payment Adjustment due to NPI working at an Independent Diagnostic Testing Facility (IDTF) or Independent Laboratory (IL)?
111111111	Eligible Professional Name	Physical Therapist	N/A	\$0.00	No	Group via Registry /CAHPS	Sufficient number of measures, domains, and patients were reported	Yes	No	Yes	No	No
222222222	Eligible Professional Name	Neurological Surgery	N/A	\$0.00	No	Group via Registry /CAHPS	Sufficient number of measures, domains, and patients were reported	Yes	No	Yes	No	No
333333333	Eligible Professional Name	Internal Medicine	N/A	\$0.00	No	Group via Registry /CAHPS	Sufficient number of measures, domains, and patients were reported	Yes	No	Yes	No	No
444444444	Eligible Professional Name	Surgical	N/A	\$0.00	No	Group via Registry /CAHPS	Sufficient number of measures, domains, and patients were reported	Yes	No	Yes	No	No
† Indicates terms defined through the hover-over function.												
<div><div>» ...</div><div>Adjustment Summary</div><div>Individual Adjustment Detail-1</div><div>Group Adjustment Detail</div></div>												

Figure 13a: Payment Adjustment Summary (continued)

Here is an example scenario featuring a PQRS group practice that reported via QCDR.

2018 PHYSICIAN QUALITY REPORTING SYSTEM (PQRS) PAYMENT ADJUSTMENT FEEDBACK REPORT FOR PROGRAM YEAR 2016 (TIN-LEVEL REPORT WITH INDIVIDUAL NPIS)											
Tax ID Name: GROUP NAME		PQRS Group Practice Registered TIN? Yes PQRS Group Practice Registered Mechanism: Qualified Clinical Data Registry (QCDR) PQRS Group Practice Registered Size †: 100 or More Individual Eligible Professionals									
Tax ID Number: XXXXX0000											
PQRS Payment Adjustment Summary											
NPI	NPI Name	Provider Specialty Type	Critical Access Hospital CCN †	Total Part B PFS Allowed Charges †	Subject to 2018 PQRS Payment Adjustment?	Payment Adjustment Assessment Reporting Mechanism	Payment Adjustment Assessment Rationale	Eligible for 2018 PQRS Payment Adjustment Assessment?	Exempt from 2018 PQRS Payment Adjustment due to Provider Specialty?	Exempt from 2018 PQRS Payment Adjustment due to services not payable under the Medicare Physician Fee Schedule (PFS)? †	Exempt from 2018 PQRS Payment Adjustment due to services do not fall into the denominator for any measures?
111111111	Eligible Professional Name	Internal Medicine	N/A	\$299.74	No	Group via QCDR /CAHPS	Sufficient number and type of measures were reported across a	Yes	No	No	No
222222222	Eligible Professional Name	Emergency Medicine	N/A	\$36,619.18	No	Group via QCDR /CAHPS	Sufficient number and type of measures were reported across a	Yes	No	No	No
333333333	Eligible Professional Name	Family Medicine	N/A	\$12,965.85	No	Group via QCDR /CAHPS	Sufficient number and type of measures were reported across a	Yes	No	No	No
444444444	Eligible Professional Name	Obstetrics and Gynecology	N/A	\$3,178.51	No	Group via QCDR /CAHPS	Sufficient number and type of measures were reported across a	Yes	No	No	No
555555555	Eligible Professional Name	Family	N/A	\$76,830.20	No	Group via QCDR /CAHPS	Sufficient number and type of measures were reported across a	Yes	No	No	No
666666666	Eligible Professional Name	Family Medicine	N/A	\$929.34	No	Group via QCDR /CAHPS	Sufficient number and type of measures were reported across a	Yes	No	No	No
777777777	Eligible Professional Name	Family	N/A	\$24,634.07	No	Group via QCDR /CAHPS	Sufficient number and type of measures were reported across a	Yes	No	No	No
888888888	Eligible Professional Name	Family Medicine	N/A	\$5,281.23	No	Group via QCDR /CAHPS	Sufficient number and type of measures were reported across a	Yes	No	No	No
999999999	Eligible Professional Name	Family Medicine	N/A	\$43,630.90	No	Group via QCDR /CAHPS	Sufficient number and type of measures were reported across a	Yes	No	No	No
111111110	Eligible Professional Name	Family Medicine	N/A	\$61,148.34	No	Group via QCDR /CAHPS	Sufficient number and type of measures were reported across a	Yes	No	No	No
122222221	Eligible Professional Name	Family Medicine	N/A	\$250.29	No	Group via QCDR /CAHPS	Sufficient number and type of measures were reported across a	Yes	No	No	No
About This Report Adjustment Summary Individual Adjustment Det ...											

Figure 14: Individual Adjustment Detail

Here is an example scenario featuring a PQRS group practice that had any of the individual EPs report PQRS data independently - the information will be displayed on the Individual Adjustment Detail tab.

2018 PHYSICIAN QUALITY REPORTING SYSTEM (PQRS) PAYMENT ADJUSTMENT FEEDBACK REPORT							
FOR PROGRAM YEAR 2016 (TIN-LEVEL REPORT WITH INDIVIDUAL NPIS)							
Tax ID Name: GROUP NAME		PQRS Group Practice Registered TIN?		Yes			
Tax ID Number: XXXXX0000		PQRS Group Practice Registered Mechanism:		Qualified Clinical Data Registry (QCDR)			
		PQRS Group Practice Registered Size †:		100 or More Individual Eligible Professionals			
PQRS Payment Adjustment Participation Detail for EP							
NPI	NPI Name	Vendor ID	Vendor Name	Satisfactorily Reported via Reporting Mechanism?	Payment Adjustment Assessment Reporting Mechanism	PQRS Group Practice Participation Notes	Payment Assessment
111111111	Eligible Professional Name	N/A	N/A	No	Individual measure(s) reporting via claims	TIN registered for Group Practice Reporting Option, but some providers in the TIN are	Insufficient num measures v
222222222	Eligible Professional Name	N/A	N/A	No	Individual measure(s) reporting via claims	TIN registered for Group Practice Reporting Option, but some providers in the TIN are	Insufficient num measures v
333333333	Eligible Professional Name	N/A	N/A	No	Individual measure(s) reporting via claims	TIN registered for Group Practice Reporting Option, but some providers in the TIN are	Insufficient num measures v
444444444	Eligible Professional Name	N/A	N/A	No	Individual measure(s) reporting via claims	TIN registered for Group Practice Reporting Option, but some providers in the TIN are	Insufficient num measures v
555555555	Eligible Professional Name	N/A	N/A	No	Individual measure(s) reporting via claims	TIN registered for Group Practice Reporting Option, but some providers in the TIN are	Insufficient num measures v
666666666	Eligible Professional Name	N/A	N/A	No	Individual measure(s) reporting via claims	TIN registered for Group Practice Reporting Option, but some providers in the TIN are	Insufficient num measures v
777777777	Eligible Professional Name	N/A	N/A	No	Individual measure(s) reporting via claims	TIN registered for Group Practice Reporting Option, but some providers in the TIN are	Insufficient num measures v
888888888	Eligible Professional Name	N/A	N/A	No	Individual measure(s) reporting via claims	TIN registered for Group Practice Reporting Option, but some providers in the TIN are	Insufficient num measures v

† Indicates terms defined through the hover-over function.

[Adjustment Summary](#)
[Individual Adjustment Detail-1](#)
[Individual Ad ...](#)

Figure 15: Group Adjustment Detail

2018 PHYSICIAN QUALITY REPORTING SYSTEM (PQRS) PAYMENT ADJUSTMENT FEEDBACK REPORT									
FOR PROGRAM YEAR 2016 (TIN-LEVEL REPORT WITH INDIVIDUAL NPIs)									
Tax ID Name: GROUP NAME		PQRS Group Practice Registered TIN? Yes		PQRS Group Practice Registered Mechanism: Registry as a Group Practice					
Tax ID Number: XXXXX0000		PQRS Group Practice Registered Size †: 100 or More Individual Eligible Professionals							
PQRS Payment Adjustment Participation Detail for GROUP									
The submission applies to all the NPIs listed on the PQRS Payment Adjustment Summary for the TIN									
Vendor ID	Vendor Name	Satisfactorily Reported via Reporting Mechanism?	Payment Adjustment Assessment Reporting Mechanism †	PQRS Group Practice Participation Notes	Payment Adjustment Assessment Rationale	Total # Individual Measures Reported	Total # Individual Measures Satisfactorily Reported †	Total # NQS Domains for Individual Measures Satisfactorily Reported †	Is MAV Criteria Applicable? †
1111111	Vendor Name	Yes	Group via Registry /CAHPS	TIN registered for Group Practice Reporting Option	Sufficient number of measures, domains, and patients were	6	6	2	No
† Indicates terms defined through the hover-over function.									
<div style="display: flex; justify-content: space-between; align-items: center;"> » ... Adjustment Summary Individual Adjustment Detail-1 Group Adjustment Detail </div>									

Figure 15a: Group Adjustment Detail (continued)

Passed MAV? †	Total # Outcome Measures Satisfactorily Reported	Face-to-face encounter code present?	Cross-cutting measure Satisfactorily Reported? †	CAHPS reported successfully? †
N/A	N/A	Yes	Yes	Yes

Figure 16: PQRS Payment Adjustment Measure Performance Detail

The static About This Report tab will also populate for PQRS group practices, similar to Figure 8.

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

NOTE: The Reportable 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.

2018 PHYSICIAN QUALITY REPORTING SYSTEM (PQRS) PAYMENT ADJUSTMENT MEASURE PERFORMANCE DETAIL REPORT									
FOR PROGRAM YEAR 2016									
(TIN LEVEL REPORT)									
Tax ID Name: GROUP NAME		PQRS Group Practice Registered TIN?		Yes					
Tax ID Number: XXXXX0000		PQRS Group Practice Registered Mechanism:		Registry as a Group Practice					
		PQRS Group Practice Registered Size †:		100 or More Individual Eligible Professionals					
Registry Performance Information for Individual Measures									
Vendor ID	Vendor Name	PQRS Measure #	NQF Measure #	Measure Title	Measure Satisfactorily Reported?	NQS Domain	MAV Clusters †	Multi-Performance Rate Measure Strata Number	Reporting Denominator
9999999	Vendor Name	1	59	Diabetes: Hemoglobin A1c	Yes	Effective Clinical Care	N/A	1	3,059
9999999	Vendor Name	39	46	Screening or Therapy for	Yes	Effective Clinical Care	N/A	1	7,004
9999999	Vendor Name	111	43	Pneumonia Vaccination Status for Older Adults	Yes	Community/Population Health	Immunization Care	1	14,675
9999999	Vendor Name	112	2372	Breast Cancer Screening	Yes	Effective Clinical Care	Preventive Care	1	5,439
8888888	Vendor Name	236	18	Controlling High Blood	Yes	Effective Clinical Care	N/A	1	5,162
8888888	Vendor Name	226	28	Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention	Yes	Community/Population Health	Adult Renal Disease Care, Asthma Care, Chronic Obstructive Pulmonary Disease (COPD) Care, Coronary Disease Care, General Care, Osteoporosis Care	1	16,986
† Indicates terms defined through the hover-over function.									
Group Registry Measure Group QCDR Measure Group EHR QRDA I Measure Group EHR QRDA III Measure									

Figure 16a: PQRS Payment Adjustment Measure Performance Detail (continued)

Reporting Numerator †	Performance Exclusions	Performance Denominator †	Performance Met †	Performance Not Met	Overall Reporting Rate †	Performance Rate	Inverse Measure?	Cross-cutting Measure? †	Million Heart Measure?
3,059	0	3,059	557	2,502	100.00%	18.21%	Yes	Yes	No
7,004	0	7,004	5,054	1,950	100.00%	72.16%	No	No	No
14,675	0	14,675	10,141	4,534	100.00%	69.10%	No	Yes	No
5,439	0	5,439	3,685	1,754	100.00%	67.75%	No	Yes	No
5,162	67	5,095	3,977	1,118	100.00%	78.06%	No	Yes	Yes
16,986	0	16,986	16,493	493	100.00%	97.10%	No	Yes	Yes

Figure 16b: PQRS Payment Adjustment Measure Performance Detail (continued)

Tabs will be visible but unpopulated if the reporting mechanism was not used. "No submission data available" will show in the middle of the report.

2018 PHYSICIAN QUALITY REPORTING SYSTEM (PQRS) PAYMENT ADJUSTMENT MEASURE PERFORMANCE
FOR PROGRAM YEAR 2016
(TIN LEVEL REPORT)

Tax ID Name: GROUP NAME

Tax ID Number:

PQRS Group Practice Registered TIN? Yes

PQRS Group Practice Registered Mechanism: Qualified Clin

PQRS Group Practice Registered Size †: 100 or More I

No submission data available

† Indicates terms defined through the hover-over function.

... Group QCDR Measure

Group EHR QRDA I Measure

Sheet1

Group ...

EPs Who Were Under A PQRS Group Practice But Reported Individually

Individual EPs who were part of a 2016 PQRS group practice but reported individually will see a combination of the following reports:

- PQRS Payment Adjustment Summary
 - PQRS Payment Adjustment – Individual EP Participation Detail - 1 & 2
 - PQRS Payment Adjustment – Group Adjustment Detail
 - 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 gnetsupport@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 2016 feedback reports.

Column Heading	Description
CAHPS Reported Successfully?	<p>Indicates whether the PQRS group practice satisfied the CAHPS for PQRS summary survey measures requirement, if applicable.</p> <ul style="list-style-type: none"> • Yes indicates that the PQRS group practice successfully reported CAHPS for PQRS. • No indicates that the PQRS group practice did not successfully report CAHPS for PQRS. • N/A indicates that CAHPS was not selected as a reporting option. <p>NOTE: CAHPS for PQRS is required for PQRS group practices with 100+ EPs but is optional for PQRS group practices of 2-99 EPs.</p>
Critical Access Hospital CCN	<p>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.</p>
Cross-cutting Measure Satisfactorily Reported?	<p>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.</p> <ul style="list-style-type: none"> • Yes indicates that a face-to-face encounter was present and that a cross-cutting measure was satisfactorily reported. • No indicates that a face-to-face encounter was present but a cross-cutting measure was not satisfactorily reported. • 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. <p>NOTE: The cross-cutting measure requirement only applies to the claims and qualified registry reporting mechanisms. CAHPS counts as a cross-cutting measure. Therefore, if CAHPS was reported successfully, yes indicates that the cross-cutting measure requirement was met.</p>

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 2018 PQRS Payment Adjustment Assessment?	<p>Indicates whether an EP met the criteria to report PQRS data to avoid the downward payment adjustment.</p> <ul style="list-style-type: none"> • Yes indicates that the EP is considered eligible to participate in PQRS and (s)he would need to satisfactorily report to avoid the downward payment adjustment. • No indicates that the EP is not eligible to participate and would not be subject to the downward payment adjustment.
Exempt from 2018 PQRS Payment Adjustment due to NPI working at an Independent Diagnostic Testing Facility (IDTF) or Independent Laboratory (IL)?	<p>Indicates whether an EP is exempt from the PQRS downward payment adjustment because services are exclusively 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.</p> <ul style="list-style-type: none"> • Yes indicates that the TIN has been identified as an IDTF or IL and EPs are not subject to the downward payment adjustment. • 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 downward payment adjustment.
Exempt from 2018 PQRS Payment Adjustment due to Provider Specialty?	<p>Indicates whether the EP was eligible to participate in PQRS based on his/her specific specialty.</p> <ul style="list-style-type: none"> • Yes indicates that the EP is exempt from PQRS reporting and is not subject to the downward payment adjustment. • No indicates that the EP is not exempt based on his/her specialty and would need to report satisfactorily to avoid the downward payment adjustment.

Column Heading	Description
Exempt from 2018 PQR Payment Adjustment due to services do not fall into the denominator for any measures?	<p>If the individual EP or PQR group practice did not have any Medicare PFS patients associated with the specified denominator codes for any PQR measures, this field will be populated with "Yes."</p> <p>If the individual EP or PQR group practice did have Medicare PFS patients that were associated with the specified denominator codes for any PQR measure, this field will be populated with "No." In this instance, the individual EP or PQR group practice is held responsible for meeting satisfactory reporting criteria to avoid the 2018 PQR downward payment adjustment.</p>
Exempt from 2018 PQR Payment Adjustment due to services not payable under the Medicare Physician Fee Schedule (PFS)?	<p>This communicates to the EP if it was determined that (s)he submitted Medicare PFS charges during the 2016 program year after an analysis of claims submissions.</p> <ul style="list-style-type: none"> • Yes indicates that the EP is exempt from the downward payment adjustment as there were no Medicare PFS charges received during the year. • 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 downward payment adjustment.
Face-to-Face Encounter Code Present	<p>A face-to-face encounter is an instance in which an individual EP or PQR 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.</p> <p>If an individual EP or PQR 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.</p> <p>This column indicates whether there was an instance in which a qualifying service was billed.</p> <ul style="list-style-type: none"> • Yes indicates that a code was present and a cross-cutting measure should have been reported. • No indicates that no such code was found and the cross-cutting requirement did not apply. • N/A indicates that the face-to-face requirement did not apply to that reporting mechanism. <p>NOTE: The face-to-face requirement only applies to the claims and qualified registry reporting mechanisms.</p>
PQR Group Practice Registered Mechanism	<p>If the TIN registered as a PQR group practice, this will indicate the reporting mechanism that was selected. If the TIN did not register, this will be indicated by N/A.</p>

Column Heading	Description
PQRS Group Practice Registered 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.
PQRS Group Practice Registered TIN?	<p>Indicates if the TIN registered as a PQRS group practice for the 2016 reporting year.</p> <ul style="list-style-type: none"> • Yes indicates that the TIN registered. • 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?	<p>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.</p> <ul style="list-style-type: none"> • Yes indicates that the MAV process was used. • No indicates that the submission was not eligible for MAV. • N/A indicates that MAV was not available for the reporting mechanism. <p>NOTE: MAV is only available for the claims and qualified registry reporting mechanisms.</p>

Column Heading	Description
MAV Clusters	<p>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.</p> <p>Note: The MAV process only applies to the claims and qualified registry reporting mechanisms.</p>
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 Satisfactorily Reported?	<p>Indicates whether the specified measure was satisfactorily reported.</p> <ul style="list-style-type: none"> • Yes indicates that the data submitted met the reporting requirements for the listed measure. • No indicates that the data failed to meet the requirements for the listed measure.
Measure Specification Used	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 Type	<p>The specific type of measure for which data was submitted.</p> <p>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.</p>
Measures Group	Identifies the specific measures group for which data was submitted.

Column Heading	Description
Measures Group Satisfactorily Reported?	<p>Indicates whether or not the measures group was satisfactorily reported.</p> <ul style="list-style-type: none"> • Yes indicates that the data submitted met the reporting requirements for the measures group. • 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.
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?	<p>Indicates if any of the data submitted by the individual EP or PQRS group practice met the requirements of the Million Hearts Initiative.</p> <ul style="list-style-type: none"> • Yes indicates successful reporting for the Million Hearts Initiative. • 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.
NPI	The individual National Provider Identifier (NPI) of the EP billing under the TIN during the program year.

Column Heading	Description
NPI Name	(New for 2016 reports) Name associated with 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	<p>For multi-performance rate measures, an “overall” performance rate may be defined in the measures’ supporting documents.</p> <p>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].</p>
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?	<p>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.</p> <ul style="list-style-type: none"> • Yes indicates that the data submitted passed the MAV requirements. • No indicates that the data submitted did not pass the MAV requirements. • N/A indicates that MAV was not available for the reporting mechanism. <p>NOTE: MAV is only available for the claims and qualified registry reporting mechanisms.</p>

Column Heading	Description
Payment Adjustment Assessment Rationale	Provides an explanation regarding the determination of an EP's payment adjustment status. The Payment Adjustment Assessment Rationale can have N/A when the provider is considered not eligible for PQRS. If the rationale is N/A, then the mechanism will also be shown as N/A.
Payment Adjustment Assessment Reporting Mechanism	<p>Update from last year - Method of Reporting changed to Payment Adjustment Assessment Reporting Mechanism. However, the data remains the same.</p> <p>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.</p>
Performance Denominator	<p>Determined by subtracting the number of eligible instances excluded from the numerator of eligible reporting instances.</p> <p>The performance denominator is calculated using the following formula: Performance Met + Performance Not Met.</p>
Performance Exclusions	<p>The number of medical, patient, system, or other performance exclusions reported.</p> <ul style="list-style-type: none"> • Medical 1P: For each measure, the number (#) of instances the TIN/NPI submitted modifier 1P. • Patient 2P: For each measure, the number (#) of instances the TIN/NPI submitted modifier 2P. • System 3P: For each measure, the number (#) of instances the TIN/NPI submitted modifier 3P. <p>Other: Includes instances where a CPT II code, G-code, or 8P modifier is used as performance exclusion for the measure.</p> <p>CPT only copyright 2015 American Medical Association. All rights reserved.</p>
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.

Column Heading	Description
Performance Not Met	<p>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.</p> <p>CPT only copyright 2015 American Medical Association. All rights reserved.</p>
Performance Rate	<p>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].</p>
PQRS Group Practice Participation Notes	<p>This provides information about the TIN's participation in GPRO. This column may be populated with the following:</p> <ul style="list-style-type: none"> • TIN registered for Group Practice Reporting Option and reported via Registered Mechanism • TIN registered for Group Practice Reporting Option, did not report via Registered Mechanism but reported via QCDR • TIN registered for Group Practice Reporting Option, did not report via Registered Mechanism but reported via QRDA III • TIN registered for Group Practice Reporting Option, did not report via Registered Mechanism but reported via QRDA I • TIN registered for Group Practice Reporting Option, did not report via Registered Mechanism but reported via Registry • TIN registered for Group Practice Reporting Option, but some providers in the TIN are members of an SSP ACO • TIN registered for Group Practice Reporting Option, but some providers in the TIN are members of a NextGen ACO • TIN registered for Group Practice Reporting Option, but some providers in the TIN are members of a Pioneer ACO • TIN registered for Group Practice Reporting Option, but some providers in the TIN are members of a CEC ACO • TIN registered for Group Practice Reporting Option, but some providers in the TIN reported as Individual EPs • TIN not registered for Group Practice Reporting Option • TIN registered for Group Practice Reporting Option but did not submit any data

Column Heading	Description
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	<p>Refers to the number of reporting instances where the QDCs or quality action data submitted met the measure specific reporting criteria.</p> <p>The reporting numerator is calculated using the following formula: Performance Exclusions + Performance Denominator.</p>
Satisfactorily Reported via Reporting Method?	<p>Informs an EP if the reporting requirements were met for the mechanism(s) for which data was submitted.</p> <ul style="list-style-type: none"> • Yes indicates that the EP successfully reported via the mechanism(s) indicated. • No indicates that the EP was not successful via the mechanism(s) indicated.
Subject to 2018 PQRS Payment Adjustment?	<p>Indicates each individual EP's status for the 2018 PQRS downward payment adjustment after CMS has completed analysis.</p> <ul style="list-style-type: none"> • Yes indicates subjectivity to the downward payment adjustment. • No indicates that the individual EP met the requirements for satisfactory reporting or another criterion to avoid the downward payment adjustment.
Tax ID Number	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 downward payment adjustment.

Column Heading	Description
Total # Individual Claim Measures with QDC Exceptions Reported	(New column) Indicates the total number of individual claim measures with quality-data code (QDC) exceptions reported.
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 downward payment adjustment.
Total # Individual Claim Measures with QDCs Reported (successful, exceptions, insufficient)	<p>(Updated from last year - total # Individual Measures with QDCs Reported (correct and incorrect) changed to Total # Individual Claim Measures with QDCs Reported (successful, exceptions, insufficient)</p> <p>The total number of measures for which QDCs were received via the claims reporting mechanism, regardless of whether the QDC was correct.</p> <p>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.</p>
Total # Measures Groups Reported	<p>Indicates the total number of measure groups submitted by the individual EP.</p> <p>NOTE: Measure groups were only available to individual EPs who submitted 2016 PQRS data using a qualified registry.</p>
Total # Outcome Measures Reported	<p>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.</p> <p>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.</p>

Column Heading	Description
Total Measures Groups Satisfactorily Reported	<p>The total number of individual measures groups submitted that met the specified reporting criteria.</p> <p>NOTE: Measure groups were only available to individual EPs who submitted 2016 PQRS data using a qualified registry.</p>
Total Part B PFS Allowed Charges	<p>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.</p>
Vendor ID	<p>(Updated from Vendor TIN) The Vendor 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.</p>
Vendor Name	<p>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.</p>