2015 Physician Quality Reporting System (PQRS):
Registry Reporting Made Simple

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Background

The Physician Quality Reporting System (PQRS) is a voluntary quality reporting program that applies a negative payment adjustment to promote the reporting of quality information by eligible professionals (EPs). The program applies a negative payment adjustment to practices with eligible professionals (EPs), identified on claims by their individual National Provider Identifier (NPI) and Tax Identification Number (TIN), or PQRS 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 (MPFS) services furnished to Medicare Part B Fee-for-Service (FFS) beneficiaries (including Railroad Retirement Board and Medicare Secondary Payer). Beginning in 2015, the program will apply a negative payment adjustment to EPs and PQRS group practices who did not satisfactorily report data on quality measures for covered professional services in 2013. Those who report satisfactorily for the 2015 program year will avoid the 2017 PQRS negative payment adjustment.

For more information on PQRS or the payment adjustment, visit the PQRS webpage.

*This document applies only to 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 Modifier.*

Purpose

This document outlines the steps necessary in selecting a qualified registry for 2015 PQRS reporting and applies to:

- Individual EPs who wish to report via qualified registry
- PQRS group practices that registered for qualified registry-based reporting under GPRO

Reporting Criteria for Individual EPs

EPs can *avoid the 2017 PQRS negative payment adjustment* by meeting one of the following criteria:

1. Report on at least 9 individual measures covering 3 National Quality Strategy (NQS) domains for at least *50% of the EP's* Medicare Part B FFS patients.	
	EPs who satisfactorily report for **only 1 to 8** PQRS measures across 3 NQS domains for at least 50% of the EP's Medicare Part B FFS patients **OR** who submit data for **9 or more** PQRS measures across **less than 3 domains** for at least 50% of the EP's Medicare Part B FFS patients eligible for each measure will be subject to Measure-Applicability Validation (MAV).
	Measures with a 0% performance rate will not be counted.

An EP who sees at least 1 Medicare patient (face-to-face encounter) **must** report on 1 cross-cutting measure, counts towards the 9 measures.
For this reporting option, EPs should use the ***2015 Physician Quality Reporting System (PQRS) Measure Specifications Manual for Claims and Registry Reporting of Individual Measures*** on the Measures Codes page of the CMS PQRS website.
2. Report at least 1 measures group on a *20-patient sample*, a majority of which (at least 11 out of 20) must be Medicare Part B FFS patients.
For this reporting option, EPs should use the ***2015 Physician Quality Reporting System (PQRS) Measures Groups Specifications Manual*** on the Measures Codes page of the CMS PQRS website to find applicable measures groups.
For more information, see ***2015 Physician Quality Reporting System (PQRS) Getting Started with Measures Groups***.
Beginning in 2015, the only reporting period available is 12 months.

Reporting Criteria for PQRS Group Practices

A group practice *must* have registered to report via qualified registry under the GPRO for 2015 PQRS. PQRS group practices can *avoid the 2017 PQRS negative payment adjustment* by meeting the following criteria:

1. Report on at least 9 measures covering 3 NQS domains for at least 50% of the group's Medicare Part B FFS patients.
Group practices, that submit quality data for **only 1 to 8** PQRS measures covering 1-3 NQS domains for which there is Medicare patient data must report for at least 50% of the group practice's Medicare Part B FFS patients seen during the reporting period to which the measure applies, **OR** that submit data for **9 or more** PQRS measures across **less than 3 domains** for at least 50% of their patients or encounters eligible for each measure will be subject to MAV.
If 1 Medicare patient is seen face-to-face during the reporting period, the PQRS group practice **must** report on at least 1 cross-cutting measure.
Those PQRS group practices electing to report via registry will use the ***2015 Physician Quality Reporting System (PQRS) Measure Specifications Manual for Claims and Registry Reporting of Individual Measures*** to find applicable measures.

How to Get Started

Step 1: Determine if you are eligible to participate in PQRS	A list of professionals who are eligible to participate in PQRS is available on the CMS website. Read this list carefully, as not all are considered EPs. PQRS group practices are analyzed at the TIN level; therefore, all EPs (NPIs) under the group's TIN will be taken into account for the 2015 PQRS analysis. **IMPORTANT:** The PQRS definition of an EP differs from the Medicare EHR Incentive Program's definition. Find information on who is eligible to participate within the Medicare EHR Incentive Program.
Step 2: Decide if you will report individual measures or measures groups	Review the *2015 Physician Quality Reporting System (PQRS) Measures List*, a comprehensive resource that describes all PQRS measures including titles, descriptions, numbering, domain, and the reporting option(s) for which the measure is available. This document is available on the Measures Codes page of the CMS PQRS website. Determine which measures or measures group(s) may apply to your practice. ***Note:*** *Measures groups reporting is not available to group practices participating via GPRO.* **Individual Measures** • For measure details, reference the *2015 Physician Quality Reporting System (PQRS) Measure Specifications Manual for Claims and Registry* on the Measures Codes page of the CMS PQRS website. ○ Group practices reporting via qualified registry should reference the claims and registry measure specifications manual and **not** attempt to report with *GPRO Web Interface Narrative Specifications or Supporting Documents.* • Choose applicable measures for submission that will impact clinical quality within the practice. *Individual measures with a 0% performance rate will **not** be counted as satisfactorily reported. The recommended clinical quality action must be performed on at least 1 patient for each individual measure reported. When a lower rate indicates better performance, such as Measure #1, a 0% performance rate will be counted as satisfactory reporting (100% performance rate would not be considered satisfactory reporting). Performance exclusion quality-data codes are not counted in the performance denominator. If the registry submits all*

performance exclusion quality-data codes, the performance rate would be 0/0 (null) and the measure would be considered satisfactorily reported.

Measures Groups (not available to PQRS group practices)

- Reference the *2015 Physician Quality Reporting System (PQRS) Measures Groups Specifications on the Measures Codes page of the CMS PQRS website. Measures group specifications are different from those of the individual measures that form the measures group.* Since they are different, the specifications and instructions for measures group reporting are provided in a separate manual.
- Choose at least 1 measures group on which to report.
- A majority of the patients in the measures group, at least 11 out of 20, have to be Medicare Part B FFS patients.
- Review *Getting Started with 2015 PQRS Reporting of Measures Groups the Measures Codes page of the CMS PQRS website*. This document outlines the different options for reporting measures groups and serves as a guide to implementing the 2015 PQRS measures groups.

*Measures groups **containing a measure** with a 0% performance rate will not be counted. If a measure within a measures group is not applicable to a patient, the patient would not be counted in the performance denominator for that measure (e.g., Preventive Care Measures Group - Measure #39: Screening or Therapy for Osteoporosis for Women would not be applicable to male patients according to the patient sample criteria). If the measure is not applicable for all patients within the sample, the performance rate would be 0/0 (null) and the measure would be considered satisfactorily reported. Performance exclusion quality-data codes are not counted in the performance denominator. If the registry submits all performance exclusion quality-data codes, the performance rate would be 0/0 (null) and the measure would be considered satisfactorily reported.*

Once you have selected the measures you would like to report, review the list of registries that report 2015 PQRS measures. This list will be made available late spring/early summer of 2015 on the Registry Reporting page of the CMS PQRS website.

The list of participating registries includes:

- Registry name
- Registry contact information
- Cost information
- Which measures/reporting options the registry can report (i.e., measures groups or individual measures)

After you have selected your registry

Once you have selected a registry, you will be required to enter into and maintain an appropriate legal agreement. These arrangements provide for the registry's

	receipt of the patient-specific data and allow the registry to release quality measure data on behalf of CMS. **Note for individual EPs:** It is important that you provide the correct Tax Identification Number/National Provider Identifier (TIN/NPI) combination to your registry for payment adjustment purposes. Below are some tips to help individuals submit the correct information: • Report the TIN and individual NPI to which Medicare Part B charges are billed. • CMS analyzes PQRS data strictly per the Federal Tax ID shown on the Part B claims you submit. On the CMS-1500 paper form, that is field 25 where you would enter a 9-digit number and then check whether it is a Social Security Number (SSN) or Employee ID Number (EIN). On the CMS-1450 paper form, that is field 5 where you enter a 9-digit number. • Use your ***individual*** rendering NPI, not the group NPI. The individual rendering provider ID field is 24J on a paper claim (not applicable to GPRO). **Note for PQRS group practices:** It is important that you provide the correct TIN to your registry for payment adjustment purposes. Below are some tips to help group practices submit the correct information: • Report the TIN to which Medicare Part B charges are billed. • CMS analyzes PQRS data strictly per the Federal Tax ID shown on the Part B claims you submit. On the CMS-1500 paper form, that is field 25 where you would enter a 9-digit number and then check whether it is a Social Security Number (SSN) or Employee ID Number (EIN). On the CMS-1450 paper form, that is field 5 where you enter a 9-digit number. Registries have a limited timeframe during the submission window to correct invalid TIN/NPI submissions. If CMS does not receive correct TIN/NPI information, you may be subject to a negative payment adjustment, even if you reported satisfactorily.
	Your registry will provide you specific instructions on how and when to submit data for the selected measures or measures group(s) you choose to report. The 2015 PQRS data submission window will be in the first quarter of 2016. You will work directly with your registry to ensure data is submitted appropriately.

Additional Information

- For more information on reporting via qualified registry, go to http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/Registry-Reporting.html.
- For more information on what's new for 2015 PQRS, go to http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS.
- To find answers to frequently asked questions about PQRS, go to the CMS website at https://questions.cms.gov/.

Questions?

Contact the **QualityNet Help Desk** at **1-866-288-8912** (TTY 1-877-715-6222), available 7 a.m. to 7 p.m. Central Time Monday through Friday, or via e-mail at qnetsupport@hcqis.org. To avoid security violations, **do not** include personal identifying information, such as Social Security Number or TIN, in email inquiries to the QualityNet Help Desk.