2014 Physician Quality Reporting System (PQRS):
Electronic Health Record (EHR) Reporting Made Simple

Background

The Physician Quality Reporting System (PQRS) is a reporting program that uses a combination of incentive payments and payment adjustments to promote reporting of quality information by eligible professionals (EPs). The program provides an incentive payment to practices with eligible professionals (identified on claims by their individual National Provider Identifier [NPI] and Tax Identification Number [TIN]), or group practices participating in the group practice reporting option (GPRO) who satisfactorily report data on quality measures for covered Physician Fee Schedule (PFS) services furnished to Medicare Part B Fee-for-Service (FFS) beneficiaries (including Railroad Retirement Board and Medicare Secondary Payer). Additionally, EPs and group practices that do not satisfactorily report or satisfactorily participate in the 2014 PQRS program year will be subject to a payment adjustment in 2016.

Purpose

This document outlines EHR-based reporting for 2014 PQRS and applies to:

- Individual EPs who wish to report via EHR
- Group practices that registered for EHR-based reporting under the Group Practice Reporting Option (GPRO)

Although this document briefly mentions the requirements for avoiding the 2016 PQRS payment adjustment, complete information is available on the CMS PQRS website at http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS.

Reporting Criteria for Individual EPs

EPs can earn a 2014 PQRS incentive *and* avoid the 2016 PQRS payment adjustment by meeting the following criteria for satisfactory reporting:

1. Using a direct EHR product that is Certified EHR Technology (CEHRT) or EHR data submission vendor that is CEHRT, report on at least 9 measures covering 3 National Quality Strategy (NQS) domains
   - If the EP's CEHRT does not contain patient data for at least 9 measures covering at least 3 domains, then the EP must report the measures for which there is Medicare patient data. An EP must report on at least 1 measure for which there is Medicare patient data.

If an EP satisfactorily reports for 2014 PQRS using the EHR-based reporting option, (s)he will also satisfy the CQM component of the EHR Incentive program; however, EPs will still be required to meet the other Meaningful Use objectives through the Medicare EHR Incentive Program Registration and Attestation System.

Reporting Criteria for Group Practices

A group practice *must* have registered to report via EHR under the GPRO for 2014 PQRS. Group practices can earn a 2014 PQRS incentive *and* avoid the 2016 PQRS payment adjustment by meeting the following criteria for satisfactory reporting:

1. Using a direct EHR product that is Certified EHR Technology (CEHRT) or EHR data submission vendor that is CEHRT, report on at least 9 measures covering 3 National Quality Strategy (NQS) domains
   - If the group practice's CEHRT does not contain patient data for at least 9 measures covering at least 3 domains, then the group practice must report the measures for which there is Medicare patient data. A group practice must report on at least 1 measure for which there is Medicare patient data.

If a group practice satisfactorily reports for 2014 PQRS using the EHR-based reporting option, the participating NPIs will also satisfy the CQM component of the EHR Incentive program; however, the individual EPs will still be required to meet the other Meaningful Use objectives through the Medicare EHR Incentive Program Registration and Attestation System.

How to Get Started

STEP 1: Determine if you are eligible to participate

Determine if you are able to participate. A list of professionals who are eligible to participate in PQRS is available at http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS on the CMS website. Read this list carefully, as not all are considered EPs.

IMPORTANT: The definition of a PQRS EP differs from the Medicare EHR Incentive Program's definition. For Information on who is eligible to participate within the Medicare EHR Incentive Program go to: http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/.

STEP 2: Determine which measures apply to your practice

Beginning in 2014, the eCQM specifications will be used for multiple programs, including the EHR-based reporting option for the PQRS as well as the Medicare EHR Incentive Program to reduce the burden on providers participating in multiple quality programs. EPs must select at least 9 measures covering a minimum of 3 NQS domains.

Review Measures List
PQRS EHR-based reporting requires the use of specific versions of the eCQMs. Please reference the *2014 PQRS Measures List* to find the appropriate versions of the eCQMs, as well as titles, descriptions, and associated domains for the measures. This document is available on the Measures Codes page of the CMS PQRS website at http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/MeasuresCodes.html.

Review Specifications
Once you determine which measures apply to your practice, carefully review the eCQMs. Please refer to the Medicare EHR Incentive Program's eCQM Library webpage to obtain the *2014 eCQM Specifications for EP Release June 2013* and supporting documentation at http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/eCQM_Library.html.

As you read through the specifications, you will notice that each of the measures has a Numerator section (e.g., the quality performance action) associated with it and some measures also have performance exclusions listed in the Denominator Exclusion and/or Denominator Exception section. Each participating provider must report a minimum of 9 measures for Medicare Part B eligible cases (as identified in the Denominator Inclusion section). A case is "eligible" for PQRS purposes when the code(s) match the denominator inclusion criteria.

You will also notice that each measure has a reporting frequency or timeframe requirement for each eligible patient seen during the reporting period for each individual EP (National Provider Identifier [NPI]). The reporting frequency (i.e., report each visit, the most recent visit, once during the reporting period, etc.) is found in the details of each measure specification. Ensure that all members of the team understand and capture this information in the clinical record to facilitate reporting.

IMPORTANT: EPs and group practices reporting electronically are required to use the June 2013 version of the eCQMs with the exception of CMS140, which is to be reported using the December 2012 version (CMS140v1). Those wishing to report another version of this measure must do so by attestation, which will only count for the EHR Incentive Program and not for PQRS.

STEP 3: Choose an ONC-Certified EHR Product

For 2014 and beyond, CMS will discontinue the PQRS qualification requirement for Data Submission vendors and Direct EHR vendors. The criteria for satisfactory reporting via EHR for PQRS are aligned with the CQM component of the Medicare EHR Incentive Program, which requires EPs and group practices to submit clinical quality measures using CEHRT. The Office of the National Coordinator for Health Information Technology (ONC) certification process has established standards and other criteria for structured data that EHRs must use.

For purposes of PQRS, the EPs or group practices using a direct EHR product or EHR Data Submission Vendor must be certified to the specified eCQM versions. For more information on determining if your product is CEHRT, please visit the EHR Incentive Program Certified EHR Technology website at http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Certification.html.

Direct EHR Vendor (also known as EHR Direct):

Direct EHR vendors are those vendors who are certifying an EHR product and version for EPs or group practices to utilize to directly submit their PQRS measures data to CMS in the CMS-specified format(s) on their own behalf.

EHR Data Submission Vendor (DSV)

An EHR Data Submission Vendor is an entity that collects an individual EPs or group practices clinical quality data directly from the EP's or group practice's EHR. DSVs will be responsible for submitting PQRS measures data from an EP or group practice's certified EHR to CMS via a CMS-specified format(s) on behalf of the EP or the group practice for the program year.

STEP 4: Document all patient care and visit-related information in your EHR system

Ensure you identify and capture **all eligible cases per the measure denominator** for each measure you choose to report. It is important to review **all** of the denominator codes that can affect **EHR-based** reporting; particularly for broadly applicable measures or measures that do not have an associated diagnosis (for example, CMS147v2 - Influenza Immunization) to ensure the correct quality action is performed and reported for the eligible case as instructed in the measure specifications.

STEP 5: If you are using an EHR Data Submission Vendor to submit quality measure data, please proceed to step 7. You will not be required to register for an Individuals Authorized Access to CMS Computer Services (IACS) account to upload your files.

If you are submitting quality measure data directly from your EHR system, you must register for an IACS account.

More information about how EPs can get an IACS account is posted on the main page of the Physician and Other Health Care Professionals Quality Reporting Portal (Portal) at: https://www.qualitynet.org/portal/server.pt/community/pqri_home/212#.

- Request the PQRS Submitter Role when registering for the IACS account. If you already have an IACS account, you will need to request adding the role to your account. Refer to the *IACS PQRS Submitter Role Quick Reference Guide* posted on the Portal home page at: https://www.qualitynet.org/imageserver/pqri/documents/EHR%20Submitter%20Role.pdf
  - PQRS Submitters will also need to request the appropriate QRMS role for the type of submission and reporting year.
- If you need assistance obtaining an IACS account or requesting the appropriate roles, please contact the QualityNet Help Desk at 866-288-8912 (available 7 a.m. to 7 p.m. CST Monday through Friday, TTY 877-715-6222) or via e-mail at qnetsupport@hcqis.org.

STEP 6: **Work with your EHR vendor to create the required reporting files from your EHR system so they can be uploaded through the Portal using IACS. If you are using CEHRT, it should already be programmed to generate these files.**

STEP 7: **Participate in testing**

CMS strongly recommends EPs participate in the recommended testing for data submission or ensure your data submission vendor participates when available prior to payment submissions to ensure data errors do not occur. Speak with your EHR vendor or data submission vendor (if applicable) to discuss any data submission issues.

STEP 8: **Ensure submission**

Submit final EHR reporting files with quality measure data or ensure your data submission vendor has submitted your files by the data submission deadline of **February 28, 2015** to be analyzed and used for 2014 PQRS EHR measure calculations.

- If reporting QDM-based QRDA Category I files, a single file must be uploaded/submitted for each patient. Files can be batched but there will be file upload size limits. It is likely that several batched files will need to be uploaded to the Portal for each EP or group practice.
- Following each successful file upload, notification will be sent to the IACS user's e-mail address indicating the files were submitted and received.
- Submission reports will then be available to indicate file errors, if applicable.

Resources

- PQRS EHR-based Reporting Option Website - http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/Electronic-Health-Record-Reporting.html
- Medicare EHR Incentive Program Website - http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/index.html?redirect=/EHRIncentivePrograms/
- eCQM Library - http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/eCQM_Library.html.
- Certified EHR Technology Resources - http://www.healthit.gov/policy-researchers-implementers/certified-health-it-product-list-chpl

User Guides located on the Portal sign-in page include:
- *PQRS Submission User Guide*
- *PQRS Submission Report User Guide*
- *Portal User Guide*
- *Submission Engine Validation Tool (SEVT) User Guide*
- *PQRS Submitter Role – Quick Reference Guide*

Questions?

Contact your EHR vendor or data submission vendor with technical questions and/or file submission errors. If your vendor is unable to answer your questions, or if you have questions regarding obtaining an IACS account, please contact the **QualityNet Help Desk** at **866-288-8912** (available 7 a.m. to 7 p.m. CST Monday through Friday, TTY 877-715-6222) or via e-mail at qnetsupport@hcqis.org.