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Disclaimer

This information was current at the time it was published or uploaded onto the web. Medicare policy changes frequently, so links to source documents have been provided within the document for reference.

This document was prepared as a tool to help eligible professionals and is not intended to grant rights or impose obligations. Although every reasonable effort has been made to assure the accuracy of the information within these pages, the ultimate responsibility for the correct submission of claims and response to any remittance advice lies with the provider of services. The Centers for Medicare & Medicaid Services (CMS) employees, agents, and staff make no representation, warranty, or guarantee that this compilation of Medicare information is error-free and will bear no responsibility or liability for the results or consequences of the use of this guide. This publication is a general summary that explains certain aspects of the Medicare program, but is not a legal document. The official Medicare program provisions are contained in the relevant laws, regulations, and rulings.
1. Introduction

The Physician Quality Reporting System (PQRS) is a quality reporting program that encourages individual eligible professionals (EPs) and group practices to report information on the quality of care to Medicare. PQRS gives participating EPs and group practices the opportunity to assess the quality of care they provide to their patients, helping to ensure that patients get the right care at the right time.

By reporting on PQRS quality measures, individual EPs and group practices can also quantify how often they are meeting a particular quality metric. Beginning in 2015, the program will apply a negative payment adjustment to individual EPs and PQRS group practices who did not satisfactorily report data on quality measures for Medicare Part B Physician Fee Schedule (MPFS) covered professional services in 2013. Those who report satisfactorily for the 2015 program year will avoid the 2017 PQRS negative payment adjustment.

The contents of this Release Notes provide information about the PQRS software changes for each release.

2. Overview

This document describes the software changes that occurred in the PQRS system at a high level. For more functional level release changes, refer to the user guides available in QualityNet Portal, https://www.qualitynet.org/pqrs.

2.1 Conventions

This document provides screen shots and corresponding narrative to describe how to use the PQRS Portal. The document uses the following conventions:

- Fields or buttons to be acted upon are indicated in **bold**; links to be acted upon are indicated as links in underlined blue text.

- The term *user* is used throughout this document to refer to a person who requires and/or has acquired access to the Submission Engine Validation Tool.

This document is an Adobe® Acrobat® PDF. You may use the table of contents to “jump” to sections in the document. You may also use Adobe’s built-in search functionality to search by keyword. To perform a search:

1. From the toolbar, select **Edit | Find** (keyboard shortcut: CTRL+F).

2. In the upper right of the window, enter your keyword.
3. Click the right arrow to move forward through each instance of the keyword; click the left arrow to view previous instances within the document.

2.2 Cautions & Warnings

The web browser’s pop-up blocker may need to be disabled or set to temporarily allow pop-up files in order to download the reports described in this manual.

3. Getting Started

In this topic, you will learn about:

Set-Up Considerations

Hardware Requirements

Software Requirements
Internet Connections

Pop-Up Blocker Browser Settings

System Organization & Navigation

3.1 Set-Up Considerations

The minimum system requirements to effectively access the PQRS Release Notes are listed in the following subsections.

3.1.1 Hardware Requirements

- Computer with a 1 gigahertz (GHz) processor with minimum of 150 MB free disk space
- Windows-7 with 512 MB Memory

3.1.2 Software Requirements

- Microsoft® Internet Explorer Version 11.0
- Windows-7 operating system

3.1.3 Internet Connections

This document will be accessible via any Internet connection running on a minimum of 33.6k or high speed connection.

3.1.4 Pop-Up Blocker Browser Settings

Internet Explorer’s Pop-up blocker feature must be disabled in order to use this page.

1. Open Internet Explorer Browser. The Internet Explorer Browser contains a Tools drop-down menu where certain settings, such as the Turn off Pop-up Blocker feature, may be enabled.

2. Click Tools on the main menu bar located at the top of the browser window.

3. Select Pop-up Blocker from the Tools drop-down menu.

4. Select Turn Off Pop-up Blocker to disable the Pop-up Blocker setting from the browser window.

3.1.5 System Organization & Navigation

To access the PQRS Release Notes, click on the PQRS Portal at https://www.qualitynet.org/pqrs and select PQRS Release Notes from left navigation.
4. PQRS Release Notes

Each year, PQRS makes updates to the system based on releases approved by CMS programs. The release notes are high level and correspond to a specific release.

In this topic, you will learn about release notes associated with subsequent PQRS Releases:

**Program Year 2015:**
- 2015 December Release

**Program Year 2016:**
- 2016 April Release
- 2016 June Release
- 2016 September Release
- 2016 December Release

**Program Year 2017:**
- 2017 April Release
- 2017 DataMart Release

4.1 Program Year 2015

In program year 2015, the following software changes are included in each functional area.

4.1.1 2015 December Release

The 2015 December Release includes the following program changes:

- Submissions
- Submission Reports
- GPRO Web Interface Submission
- Informal Review
- PQRS Enhanced Feedback Reports
- Automated Intervention Application (AIA)
4.1.1.1 Submissions

The PQRS Submission functionality is for accepting files to upload and validate from the PQRS portal. The submitted data files are used in calculating measures, payment adjustments, and reports. Each year, the submissions functionality is enhanced with new features; and business rules to improve the quality of data are added/modified.

In the December 2015 release, submission functionality incorporated various new system validations and rule changes to process data accurately in PQRS. The changes are as follows:

- **TIN validation against participation finder files**: The PQRS Submission system (a.k.a. System) validates the TIN information against participation finder file(s) for correct participation option. The files are accepted with warnings when the participation file validation fails. When a file submitted with a TIN that is found to be either an MSSP ACO Primary TIN and/or an MSSP ACO Participant TIN, the system will reject the submission with an error. The system verifies that a QRDA-3 CPC submission contains a valid CPC Practice Site ID against CPC participation finder file. No TIN validation is performed for MU_ONLY and CPC programs against participation finder files.

- **Single TIN, TIN/NPI combination in one XML file**: The system verifies a single instance of Tax Identification Number (TIN), TIN/ National Provider Identification (NPI) provided in one XML file. It also checks that the Measure is not duplicated for a TIN and TIN/NPI.

- **Performance rates & Numerator validation in QRDA-3 files**: The system enforces rules in QRDA-3 so that the Performance rates are not greater than 1.0. The system also checks so that the Performance numerator is less than or equal to the denominator for each measure.

- **Measure GUID and Population Group (Stratification) Validation**: In QRDA-3, each strata of a measure has a single numerator and denominator. The population group is validated against GUID align measure population data to confirm whether its correctly defined. The GUID validations enforces that the proper strata related values such as IPP, numerator, and denominators do not get mixed up with another strata for a multi performance measures. The GUID Validation helps to eliminates the duplicate measures and duplicate population for numerator, denominator, and IPP.

- **Reporting Period Validation**: In QRDA-1 and QRDA-3 files, dates of service only fall within the 12-month reporting period.

- **Submission Email Notification**: Enhances the email notification to include additional data elements.

- **Final Action Processing (FAP)**: Update Final Action Processing (FAP) to restrict final data to TIN/NPI and Site Id level instead of the measure level.

- **QCDR XML Specifications**: In QCDR XML specifications, allow QCDRs to submit data based on multiple measure specification such as Registry, QCDR, and eCQM. Updates/Redesign of QCDR XML specifications to include Risk Adjustment data elements, ratio measures, and continuous variable measures.
- **REGISTRY XML Specifications**: In REGISTRY XML, Measure validation is based on year and measure to measure group cross validation. Verification of duplicate strata numbers.

- Retirement of Maintenance of Certification Program (MOCP) submission option.

4.1.1.2 Submission Reports

The Submission Reports Portlet will provide a method to request submission reports through the PQRS Portal for all submission methods. After a file is submitted, an email notification is sent to the user to alert him/her whether the process was accepted or rejected and that a report can be generated via the Submission Reports Portlet. The submission reports inform the user whether a file was successful or had validation/verification errors. The information regarding the submitted files a user may obtain via Production Submission Reports is done by OBIEE.

- In 2015, Submission Reports will be converted from COGNOS to BI Publisher.

- Submission Summary, Error Detail, and Provider reports have changed to include additional fields such as CPC Practice Site Id.

- TIN-NPI validation warning messages will be reflected as “Accepted with Warning” against submissions in the Provider report.

4.1.1.3 GPRO Web Interface Submissions

In the December 2015 release, GPRO Web Interface submissions functionality incorporated the following changes:

- CARE-1: Medication Reconciliation – retired
- CARE-3: Documentation of Current Medications in the Medical Record – new
- CAD-2: Coronary Artery Disease (CAD): Lipid Control – retired
- CAD-7: Coronary Artery Disease (CAD): Angiotensin-Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker (ARB) Therapy – Diabetes or Left Ventricular Systolic Dysfunction (LVEF < 40%) – Composite identifier removed
- DM-2: Diabetes: Hemoglobin A1c Poor Control – updated exclusions
- DM- 7: Diabetes Eye Exam – new
- DM-13: Diabetes Mellitus; High Blood Pressure Control – retired
- DM-14: Diabetes Mellitus: Low Density Lipoprotein (LDL-C) Control – retired
- DM-15: Diabetes Mellitus: Hemoglobin A1c Control (<8%) - retired
- DM-16: Diabetes Mellitus: Daily Aspirin or Antiplatelet Medication Use for Patients with Diabetes and Ischemic Vascular Disease – retired
• DM-17: Diabetes Mellitus: Tobacco Non-Use – retired
• IVD-1: Ischemic Vascular Disease (IVD): Complete Lipid Panel and LDL Control – retired
• MH-1: Depression Remission at Twelve Months – new
• Global - added “Diagnosis” to Not Confirmed option

4.1.1.4 Informal Review

The Communication Support Page (CSP) enables eligible professionals and group practices to submit an informal review request for review of the PQRS program results. This CSP has multiple features. One of the features is Informal Review Request (IRR). In addition to this, a new feature EHR Reconsideration is added.

Changes to CSP Informal Review in this release are:

• Include EHR Reconsideration on the selection menu. The selection will provide an Informational Message to redirect the requestor to the site where he/she may request an EHR Reconsideration Request.

4.1.1.5 PQRS Enhanced Feedback Reports

The Enhanced Feedback Submission Report is an On-Demand report that provides cumulative measures information for the applicable submission period. The user can generate and/or view the Enhanced Feedback Submission Report via the Submission Reports Portlet. Users must have the appropriate authorization to navigate to the Submission Reports Portlet and to view/download the report. The Enhanced Feedback Submission Report is developed in Oracle BI Publisher and populated with data from the PQRS DataMart.

The report can be generated for all submission types or one submission type for a given parameter. The available submission types are:

• QRDA Category 1
• QRDA Category 3
• QCDR XML
• Registry XML

Only the submitter of the data can view the feedback provided in this report.

4.1.1.6 Automated Intervention Application (AIA)

AIR Dashboard - This new dashboard will be displayed after the system processes an AIR file containing records to be removed from payment adjustment. It provides statistics on the contents of the AIR file uploaded, enabling the viewer to see the impact to the payment adjustment data in Automated Intervention Application (AIA). The dashboard will only be displayed until an authorized AIA Approver either approves or denies the AIR file.
4.2  Program Year 2016

The following software changes are included in program year 2016:

4.2.1  2016 April Release

The 2016 April Release includes the following program changes:

- **Feedback Dashboard**

- **Measures Engine Data Analytics and Payment Adjustment**

- **Monthly Management Reports**

- **Annual Management Reports**

4.2.1.1  Feedback Dashboard

There were no changes to the requirements for the Feedback Dashboard Reports. Explanatory text in the Feedback Dashboard Reports was updated to remove PQRS Incentive language from the report footnote on Table 1, Table 2a and Table 2b.

4.2.1.2  Measures Engine Data Analytics and Payment Adjustment

4.2.1.2.1  Global and Claims

- PQRS and Maintenance of Certification (MOC) incentives were retired for 2015 Program Year (PY).

- Critical Access Hospital – Method II (CAH) using billing method II may participate in PQRS by all reporting mechanisms including claims-based reporting (Type 40).

- CAH II providers can report for PQRS via claims, resulting in a single reporting mechanism hierarchy for all individual reporters.

- If an individual EP or group practice does not satisfactorily report or satisfactorily participate while submitting data on PQRS quality measures, a 2% negative payment adjustment will apply in 2017.

- The transition from International Classification of Diseases (ICD) -9 to ICD-10 for Program Year 2015.

- Implement the new EP eligibility logic which includes 9 measures covering 3 NQS domains for at least 50% of the EP’s Medicare Part B Fee-For-Service (FFS) patients. EPs that see 1 Medicare patient in a face-to-face encounter must include 1 cross-cutting measure.

- Measure Engine will re-calculate Quality Reporting Data Architecture (QRDA) III, Qualified Clinical Data Registry (QCDR) and Comprehensive Primary Care Initiative (CPC) performance rates.
• The satisfactorily reporting of the Million Hearts measures switched from a Registry Measures Group to four individual measures reported via Quality Reporting Data Architecture (QRDA) I, QRDA III, Group Practice Reporting Option (GPRO), or Comprehensive Primary Care Initiative (CPC).

• The exclusion of EPs who have assigned their billing rights to an Independent Lab (IL) or an Independent Diagnostic Testing Facility (IDTF) are excluded from the PQRS Payment Adjustment process.

• Implement a GPRO Hierarchy processing structure with the ability of a TIN present on the GPRO Finder File to submit a TIN level submission for reporting methods other than what was indicated on the GPRO Finder File.

• Or for an NPI under a GPRO TIN to submit data to be evaluated.

4.2.1.2.2 Web Interface

• The minimum reporting requirements sample size has changed to 248 consecutively assigned, ranked, confirmed, and completed patients, regardless of group size or type.

• Measures or modules with zero beneficiaries in the sample before any skipping has occurred will be excluded from completeness calculations.

• Measures/modules that have 100% of their sampled beneficiaries skipped (resulting in a zero denominator) will be assigned a null performance rate.

4.2.1.2.3 QCDR XML

• The Final Rule for PY 2015 includes updated satisfactory reporting criteria for TIN/NPIs reporting via QCDRs. Of the 9 measures reported across 3 domains, 2 must be an outcome measure; if there are no 2 outcome measures, then the provider must report 1 outcome measure and 1 of the following types of measures: resource use, patient experience of care, efficiency/appropriate use, or patient safety measure.

4.2.1.2.4 QRDA I and III

• Files with CMS Program Names “PQRS_MU_INDIVIDUAL” and “PQRS_MU_GROUP” are now being evaluated against HITECH criteria.

• A PQRS CAHPS Completion file will be used to determine those groups that contracted with a certified survey vendor. Prior to this, only those groups that registered for CAHPS could be determined.

4.2.1.2.5 Registry XML

• To meet PQRS satisfactory reporting criteria through the Registry and CAHPS reporting mechanism, PQRS Group Practices with a face-to-face encounter do NOT need to include a cross-cutting measure in their Registry data in addition to meeting the CAHPS reporting requirement.
4.2.1.2.6  **CPC**

- For PY 2015 only, there are no longer different HITECH criteria that a CPC submission must be evaluated against. When a CPC submission meets the CPC requirements, it automatically meets HITECH requirements.

4.2.1.2.7  **Pioneer ACO**

- The Pioneer Participation File will identify the satisfactory reporting information for all Pioneer ACO Participants, including those in a PQRS Group Practice. The system will use the Pioneer satisfactory reporting information for all Participant TIN/NPIs on the file to determine whether they should receive credit for the eCQM component of Meaningful Use.

4.2.1.2.8  **Universal Data Set**

- Beginning in PY 2015, there will be no incentive payments.
- CAH II providers will now also be able to report via claims.
- For the Web Interface, discharge data is no longer being produced.
- Finder files and Participation files will be available in their entirety via the UDS.

4.2.1.2.9  **Measures Summary for 2015**

<table>
<thead>
<tr>
<th>Submission Type(s)</th>
<th>Active</th>
<th>New</th>
<th>Retired</th>
<th>Updates</th>
<th>Unchanged</th>
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</thead>
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<td>Electronic Health Records (EHR)</td>
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<td>4</td>
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<tr>
<td>Medicare Shared Savings Program (MSSP) Accountable Care Organizations (ACO)</td>
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<td>0</td>
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<td>n/a</td>
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<td>QCDR - PQRS Measures</td>
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<td>n/a</td>
<td>n/a</td>
<td>n/a</td>
</tr>
<tr>
<td>CMS-Certified Survey Vendor (CSV) Consumer Assessment of Healthcare Providers and Systems [CAHPS]</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
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### Submission Type(s)

<table>
<thead>
<tr>
<th>Submission Type(s)</th>
<th>Active</th>
<th>New</th>
<th>Retired</th>
<th>Updates</th>
<th>Unchanged</th>
</tr>
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<tr>
<td>Cross-Cutting Measures</td>
<td>19</td>
<td>19</td>
<td>0</td>
<td>0</td>
<td>0</td>
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</tbody>
</table>

#### 4.2.1.3 Monthly Management Reports

The Monthly Management Reports (MMR) will no longer be distributed on schedule via email as a Microsoft Excel document. Reports will now be accessible to CMS on demand by logging into a web-based OBIEE "dashboard" application. Lastly, claims-based participation will only be identified by provider specialty, not by measure.

#### 4.2.1.4 Annual Management Reports

The Annual Management Reports (AMR) will provide CMS with comprehensive PQRS Participation, Payment Adjustment information in addition to measure level data submitted via Claims, QCDR, EHR, Registry, and Web Interface. All AMRs will be available through Oracle Business Intelligence Enterprise Edition (OBIEE) tool. The AMRs will no longer be distributed on schedule via email as Microsoft Excel documents. Reports will now be accessible to CMS on demand by logging into a web-based OBIEE "dashboard" application.

#### 4.2.2 2016 June Release

The 2016 June Release includes the following program changes:

- PQRS Lookup Functions
- 2013 PY Feedback Report Requests
- Informal Review
- Informal Review Statistics Reports
- Informal Review Request Management Application (IRRMA)
- Vendor Feedback Reports
- Automated Intervention Request (AIA)
- Provider Quality Information Portal (PQIP)
- Submission Engine Validation Tool (SEVT)

#### 4.2.2.1 PQRS Lookup Functions

The new ‘PQRS Lookup Functions’ link is located under Related Links on the PQRS Portal Page. The link launches a page containing three separate user inquiry options:

- PQRS Lookup, previously on the PQRS Portal Page, will allow users to determine if their TIN, NPI or CPC Practice Site ID is subject to a payment adjustment.
• PQRS Verify Report, previously on the PQRS Portal Page, will indicate if users’ TIN or NPI have any feedback reports available for Program Year 2013 and earlier.

• Physician Compare Lookup, new as of June 2016, will allow users to see if their TIN or NPI will have publicly reported quality measure data later that year. If so, the quality measure data can be previewed in PQIP during the Preview Period.

All of these lookup functions are available to users without logging into PQRS.

4.2.2.2 2013 PY Feedback Report Requests

This change clarifies that a user can only request PQRS and eRx Feedback Reports from PY 2013 or earlier. It also identifies the location where the system has to display the message that directs users to get their feedback reports for PY 2014 and later.

4.2.2.3 Informal Review

The following changes are incorporated into the Informal Review application:

• Updated to support the revised reporting hierarchy that was defined in the April 2016 General Data and Analytics release.

• The information collected by the IR process includes additional information about the requestor’s performance that will assist the Help Desk.

• All references to incentive eligibility will be removed.

4.2.2.4 Informal Review Statistics Reports

The following changes were made to Informal Review Reports for the June 2016 release:

• Removed all columns and text that referenced “Incentive Eligible” from the reports.

• All references to the Remedy tracking system were removed.

4.2.2.5 Informal Review Request Management Application (IRRMA)

IRRMA is a new system that was developed to replace the Remedy system functionality as utilized in PQRS IR. The new informal review request management system provides an interface with the PQRS IR system to provide assignment, tracking, processing, logging, and resolution of informal review requests.

4.2.2.6 Vendor Feedback Reports

CMS has requested that vendors receive feedback on the data that they have submitted and the satisfactory reporting status of providers on whose behalf they have reported. In addition, CMS has requested that EHR developers/vendors who do not submit data directly to the system receive feedback about the measures data collected through their EHR systems. Finally CMS has requested comparative data (a “report card”) about the vendors reporting data to the PQRS system and the measures data collected from EHR systems and submitted directly by providers.
Three of these reports can be accessed via the portal and two of the reports can be accessed via the OBIEE site.

- The Enhanced Feedback Submission Report Parameter page in the Submissions Report Portlet were modified to house three Vendor Feedback Reports (Submitter Summary, Detailed Provider, and Detailed Measure reports), available to Data Submitters.

- The last two reports (CMS Comparison reports) were added to the OBIEE tool.

4.2.2.7 Automated Intervention Application (AIA)

- New view-only role added: PQRS Administrator. Users with this role may:
  - Initiate queries of payment adjustment data from the Search page.
  - Select a single payment adjustment record and view history by going to the View/Edit page.

- Other minor changes to AIA include:
  - Defaulting the Rationale to ‘PQRS_Only’ on the Add and Remove pages.
  - Having all approved Informal Review requests for removal from payment adjustment become Pending requests in AIA if the NPI is not included in the Informal Review.
  - All users will land on the Search page upon login to AIA.
  - When searching for all pending requests for approve/denial, there will now be a Select All button.

4.2.2.8 Provider Quality Information Portal (PQIP)

- EPs will be able to preview their data as it exists on the Physician Compare Public Reporting downloadable file, if they have data on that file.

- Group Practice Representatives will be able to preview their group’s data as it exists on the Physician Compare Public Reporting downloadable file, if the group has data on that file.

- Quality measures tabs and downloadable data tabs may contain an introductory paragraph.

- Updates have been made to the upload of data in order to support more sophisticated data display.

- Updates made to allow for the upload of the downloadable file data into PQIP.
4.2.2.9 Submission Engine Validation Tool (SEVT)

In June 2016 release, SEVT functionality incorporated various new system validations and rule changes to process data accurately in PQRS. The changes are as follows:

- Specifications updates.
  - Groups can able to submit data using QCDR xml specifications.
  - A new element Vendor Unique Identifier is added in Registry xml and QCDR xml specifications that identifies the vendor.
  - Specification errors (also referenced schema/XSD validations) and PQRS Business rule errors are separated.
- The system will allow to accepts a single ZIP file and batch validation results will be mailed to email-id associated with CMS Identify management system.
- The system will allow file size of XML file or ZIP file up to 20 MB. Each individual XML file within the ZIP file must not exceed 40 MB in size when uncompressed.
- The system will provide the ability to export error and warning messages into an excel file.
- Numerous system validations and business rule changes incorporated to process data accurately in PQRS. The changes are as follows:
  - Submission of a CPC program in QRDA-3 file must contain a minimum of 9 CPC measures.
  - Submitters will be provided a warning when a QRDA-3 file does not include Medicare Payer Data for individual EP and group-level PQRS measures.
  - The Denominator is less than or equal to the IPP for QCDR XML and QRDA III file submissions.
  - The submitted Numerator, via a QRDA III file, is less than or equal to the calculated performance denominator for proportion measures.
  - The submitted performance numerator, via QCDR or Registry files, is less than or equal to the calculated performance denominator for proportion measures.

4.2.3 2016 September Release

The 2016 September Release includes the following program changes:

- Informal Review Request Management Application (IRRMA)
- PQRS EHR Vendor Feedback Reports
- Priority Provider Reports
- **PQRS Applications Transition from the Legacy Portal to the QualityNet Secure Portal**
- **Submission Statistics Reports**
- **Web Interface Submission Statistics Reports**

### 4.2.3.1 Informal Review Request Management Application (IRRMA)

IRRMA interfaces with the PQRS Informal Review system to provide assignment, tracking, processing, logging, and resolution of informal review requests. In this release, IRRMA also tracks and manages VM Informal Review requests from the PV Portal, providing assignment, tracking, processing, logging, and resolution of VM Informal Review requests, to replace the functionality currently provided by the Remedy system.

Features of the system include:

- Supplemental submission and performance data will automatically be included with the initial Informal Review (IR) request to facilitate the evaluation and determination of the request.
- The Help Desk will be able to add notes and attachments to individual requests that support the decision regarding the request.
- The Help Desk will be able to replicate a PQRS Informal Review request that was received from the PV Portal and have it automatically transferred to the PQRS Help Desk for review and processing.
- The Help Desk user is able to re-open any closed request in IRRMA, not just those that had been denied.
- The Help Desk user is able to update fields populated from the PQRS informal review request.
- The resolution of VM IR requests will be returned to the PV Portal to update that system.

### 4.2.3.2 PQRS EHR Vendor Feedback Reports

These reports provide CMS with measures data collected through EHR systems and provided to EHR developers/vendors:

- These two reports (PQRS EHR Vendor Feedback Reports) were added to the OBIEE tool.

### 4.2.3.3 Priority Provider Reports

There are two Priority Provider Reports – a Detail and a Summary – that will now be automatically generated from PQRS during the informal review period. Priority Providers are those organizations that have received both a PQRS adjustment and a Value-Based Modifier adjustment in the same Program Year. The link to the Priority Provider Reports page is located in the Site Navigation box, after sign in, and will be available to users with the same EIDM roles.
that are valid for accessing IRRMA: PQRS Administrator, PV Helpdesk Tier1, and PV Helpdesk Tier2.

4.2.3.4  PQRS Applications Transition from the Legacy Portal to the QualityNet Secure Portal

Starting in September 2016, the PQRS Portal will undergo a transition from the current (to be referred to as the Legacy) Portal to the new QualityNet Secure Portal solution. While both Portal solutions will be available at the same time till the transfer is completed, each PQRS application or portlet that requires user’s authentication and authorization will be accessible via the only one of them.

Transfer of the most of PQRS applications from the Legacy Portal to the QualityNet Secure Portal depends on the application’s work-cycle and is expected to occur during the September – December timeframe. An application that is available via the Legacy Portal prior to the September 2016 release will be accessed via the Legacy Portal until the end of this application’s work cycle. The application with the work cycle coinciding with the September 2016 release will be available via the QualityNet Secure Portal.

Access to the PQRS applications that require authentication and authorization as of September 2016:

- Automated Intervention Application (AIA) and the Submission Engine Validation Tool (SEVT) applications will be the first two applications available to the end-users via the QualityNet Secure Portal at the opening of the submission testing.

- Remaining applications / portlets will be available via the Legacy Portal in accordance with these applications timeline.

Two-factor authentication is applied at QualityNet Secure Portal login.

The following changes apply to the portlets and applications with the public access (i.e., do not require login) in the September 2016 release:

- All Communication Support Page portlets / applications will be available on both Portals.

- Physician Compare Lookup portlet will be available on the Legacy Portal under the PQRS Lookup Functions link.

- PQRS Lookup and PQRS Verify Report portlets will be available on the QualityNet Secure Portal under the PQRS Lookup Functions link.

For details on users’ access to PQRS applications refer to the PQRS Portal User Guide.

4.2.3.5  Submission Statistics Reports

The Submission Statistics Reports will provide information about the progress of submissions for each Program Year. The reports will capture details related to the successful and unsuccessful file transmissions submitted via QCDR, EHR, and Registry. These will be available through the Oracle Business Intelligence Enterprise Edition (OBIEE) tool. They will no
longer be distributed via email as Microsoft Excel documents. Reports will now be accessible to CMS on demand by logging into a web-based OBIEE "dashboard" application.

4.2.3.6 Web Interface Submission Statistics Reports

The Web Interface Submissions Statistics Reports will provide CMS with information about group practices that pre-registered and participated in the PQRS Program. Reports are available for Group Practices or ACOs. The reports provide an aggregate summary of Web Interface participation (including completion and submission rates from one day to the next) as well as data for individual groups: participation summary, completion rates for each measure, number completed, and number skipped for each measure. These will be available through the Oracle Business Intelligence Enterprise Edition (OBIEE) tool. They will no longer be distributed via email as Microsoft Excel documents. These reports will now be accessible to CMS on demand by logging into a web-based OBIEE "dashboard" application.

4.2.4 2016 December Release

The 2016 December Release includes the following program changes:

- **Submissions**
- **Submission Reports**
- **GPRO Web Interface Submission**
- **Universal Data Set (UDS) Part-1 (Submission Data)**
- **Enhanced Feedback Submission Report**
- **PQRS Portal**
- **Web Interface Submissions Statistics Reports**
- **Submission Statistics Reports**
- **EHR Vendor Submission Reports**

4.2.4.1 Submissions

The PQRS Submission functionality accepts files with production data from CMS authorized users. The data is used in calculating measures, processing payment adjustments, and generating various types of reports.

The December 2016 release includes the following enhancements to the Submission application:

- Migration to the QualityNet Secure Portal (QSP). To access the Submission portlet, users will need to sign-in to the QualityNet Secure Portal using two-factor authentication.

- Support for the HL7 QRDA Category 1 Release 3 specifications.
• Validations of all TIN Finder File/Participation File will either be accepted or accepted with warnings.

• QCDR Vendors may submit a file using QRDA3 specification (note: vendors must include their Vendor Unique ID along with their Data Submission Vendor information).

• Reporting by QCDRs may on behalf of group practices using the program name PQRS_GROUP.

• QCDR and Registry submissions must include the Vendor Unique Identifier which will be validated against QCDR and Registry Vendor Finder File.

• Validating QCDR non-PQRS measures against the vendor unique id in the QCDR Finder File.

• QCDRs submitting non-PQRS measures must specify the Overall Performance Rate for a multi-performance measure.

• Registry submissions may now include Risk Adjusted Measures.

• Enhanced Submission data validations to accept the quality data including:
  ▪ Capturing QRDA Category 1 Laterality Code and related data elements.
  ▪ Accepting QRDA Category 1 DSV information.
  ▪ Rejecting files when the denominator is greater than the Initial Patient Population.
  ▪ Rejecting files when the submitted numerator is not less than or equal to the [Reporting Denominator – Denominator Exceptions] for proportion measures.
  ▪ Rejecting submissions when a proportion measure or measure stratum has a submitted performance rate that does not have a value of 0.0 to 100.0.
  ▪ Ignoring case sensitive values, leading and trailing spaces, special characters, page breaks and line breaks embedded in submitted XML data.

4.2.4.2 Submission Reports

The Submission Reports Portlet will provide a method to request submission reports through the PQRS Portal for all submission methods. After a file is submitted, an email notification is sent to the user to alert him/her whether the process was accepted or rejected and that a report can be generated via the Submission Reports Portlet. The submission reports inform the user whether a file was successful or had validation/verification errors. The information regarding the submitted files a user may obtain via Production Submission Reports is done by OBIEE.

• Submission Reports migrated to QualityNet Secure Portal (QSP). To access these report, users will need to sign-in to the QualityNet Secure Portal using two-factor authentication.
• Retired the file export format comma separated values (CSV) and added Excel report format.

• Default report export format changed from PDF to Excel.

• Enhanced Error Report to include XPath.

• For QRDA Category 1 and Category 3 some of the error messages are translated into more detail explanation message (cryptic HL7 message to human readable message).

• All TIN Finder file/Participation file validations will be accepted or ACCEPTED WITH WARNINGS.

4.2.4.3 GPRO Web Interface Submission

In the December 2016 release, GPRO Web Interface submissions functionality incorporated the following changes:

• Migration to the QualityNet Secure Portal (QSP). To access the GPRO Web Interface, users will need to sign-in to the QualityNet Secure Portal using two-factor authentication.

• Next Generation ACOs will be a new ACO type submitting data via the GPRO Web Interface.

• PREV-9: BMI Screening and Follow-up Plan – updated exceptions.

• PREV-11: Screening for High Blood Pressure and Follow-Up – updated exceptions.


• Global – The Help Desk Ticket Number is now a required field when option No – Other CMS Approved Reason is selected.

4.2.4.4 Universal Data Set (UDS) Part -1 (Submission Data)

In the December 2016 release, UDS Part-1 functionality incorporated the following changes:

• A new Vendor Detail file added for QCDR and Registry file formats and retired Registry Identification output file.

• Risk Adjusted file added for Registry outputs.

• New data elements (like Laterality Code and related data elements) are added for QRDA Category 1 outputs.

• QCDR submission data will include information about Group Practice data at the TIN level information.
4.2.4.5 Enhanced Feedback Submission Report

To provide vendors and providers with measure-level feedback on the data they submitted. The report identifies the measures reported by or for each group or provider, as well as measure-related information (e.g. domain associated with the measure) and some of the performance elements submitted for the measure.

In the December 2016 release, Enhanced Feedback Submission Report functionality incorporated the following changes:

- For PY 2016, the report is being updated to reflect feedback from vendors. The submitted numerator, denominator, exception, and exclusion values are being separated into individual columns, instead of being displayed together in a single column.

- Also, the report will include the following additions, Medicare patient indicator and Performance Warning.

4.2.4.6 PQRS Portal

The PQRS Portal transition from the Legacy to the new QualityNet Secure Portal solution initiated in the September Release is completed. As of December Release, all PQRS application and portlets will be available via the QualityNet Secure Portal in accordance with each application / portlet work cycle. Two-factor authentication will apply for accessing applications / portlets that require login.

Note: The QualityNet Secure Portal URL reversing back to the original PQRS Portal URL: [https://www.qualitynet.org/pqrs](https://www.qualitynet.org/pqrs)

The following applications / portlets are available through the QualityNet Secure Portal for authenticated and authorized users having appropriate roles for accessing them:

- SEVT
- AIA
- IRRMA
- Submission
- Submission Reports
- Enhanced Submission Reports
- Web Interface
- Feedback Dashboard
- Feedback Reports
- PQRS Helpdesk Portlets
• Priority Provider Reports

4.2.4.7 Web Interface Submissions Statistics Reports

The Web Interface Submissions Statistics Reports will provide CMS with information about group practices that pre-registered and participated in the PQRS Program. Reports are available for Group Practices or ACOs. The reports provide an aggregate summary of Web Interface participation (including completion and submission rates from one day to the next) as well as data for individual groups: participation summary, completion rates for each measure, number completed, and number skipped for each measure. These will be available through the Oracle Business Intelligence Enterprise Edition (OBIEE) tool. They will no longer be distributed via email as Microsoft Excel documents. These reports will now be accessible to CMS on demand by logging into a web-based OBIEE "dashboard" application.

4.2.4.8 Submission Statistics Reports

The Submission Statistics Reports will provide information about the progress of submissions for each Program Year. The reports will capture details related to the successful and unsuccessful file transmissions submitted via QCDR, EHR, and Registry. These will be available through the Oracle Business Intelligence Enterprise Edition (OBIEE) tool. They will no longer be distributed via email as Microsoft Excel documents. Reports will now be accessible to CMS on demand by logging into a web-based OBIEE "dashboard" application.

4.2.4.9 EHR Vendor Submission Reports

The EHR Vendor Submission Reports aggregate QRDA 1 and 3 data submitted with an exact match on Vendor Name. The EHR Vendor Submission Reports consist of the PQRS EHR Vendor Submission Report: Summary and the PQRS EHR Vendor Submission Report: Error Detail. These will be available through the Oracle Business Intelligence Enterprise Edition (OBIEE) tool by logging into a web-based OBIEE "dashboard" application.

4.3 Program Year 2017

The following software changes are included in program year 2017:

4.3.1 2017 April Release

The 2017 April Release includes the following program changes:

• Measures Engine Data Analytics and Payment Adjustment

4.3.1.1 Measures Engine Data Analytics and Payment Adjustment

4.3.1.1.1 Global and Claims

• Only ICD-10 codes will be considered for eligibility and calculations; ICD-9 codes will no longer be considered.

• An indicator will be included for Organizational National Provider Identification (NPI) s.
• Removal exclusion for Skilled Nursing Facility (SNF) Place of Service (POS) 31 from the allowed charges.

• PQRS Participation Method Hierarchy has been updated based upon the following criteria:
   Newly added requirements for Next Generation ACOs and Comprehensive ESRD Care (CEC) ACOs.
   Evaluate Participant TIN/NPIs in a Shared Savings Program ACO for the PQRS payment adjustment based on data (QCDR, Registry, EHR, etc.) submitted at the Participant TIN level or Participant TIN/NPI level.
   Look at TIN/NPI data (QCDR, Registry, EHR, etc.) submitted by members of a Pioneer ACO.
   PQRS Group Practice reporting mechanism hierarchy updated based upon the account for reporting via QCDR.

• To clarify when “Did Not Report PQRS Data” would be stored as the reporting mechanism and PQRS Payment Adjustment Rationale.

4.3.1.1.2 Web Interface

• Added Next Generation ACO where applicable to the requirements.

• Several requirements were moved to the Web Interface Submissions SCF.

4.3.1.1.3 QCDR XML

• Satisfactory Reporting via QCDR now applies to TINs, as well as to TIN/NPIs.

• Null Reporting Rates will be taken into consideration for determination of satisfactory reporting.

4.3.1.1.4 QRDA I and III

• There are no changes to the requirements from the previous program year’s requirements.
4.3.1.1.5 **Registry XML**

- Null Reporting Rates will be taken into consideration for determination of satisfactory reporting.

4.3.1.1.6 **CPC**

- The CPC Data and Analytics Requirements were updated to accommodate the changes for Program Year 2016, which included:
  - A Practice Site must now successfully report nine measures across three domains in order to meet the eCQM component for Meaningful Use (MU).
  - The Practice Site must first meet the CPC satisfactory reporting criteria.

4.3.1.1.7 **Pioneer ACO**

- The Pioneer Participation File was updated to include the Next Generation ACO.

4.3.1.1.8 **CEC ACO**

- New SCF requirements for the CEC ACO Data and Analytics program have been provided.
- The system will now accept a new Participation File for CEC ACO processing.

4.3.1.1.9 **NextGen ACO**

- New SCF requirements for the Next Generation ACO program have been provided.
- NextGen ACOs have been added to the ACO Finder File and the ACO Participation File.

4.3.1.1.10 **Universal Data Set Part 2**

- Added an indicator to indicate if an NPI is an Organizational NPI.
- Document the current inclusion of the GPRO Hierarchy Reference File in the UDS Part 2.
- Included the Vendor Unique ID in the UDS Part 2 files for QCDR and Registry Submissions.
- Included the TIN for QCDR data submitted by Group Practices.
- Added the Overall Performance Rate for QCDR Multi-Performance Rate non-PQRS Proportion Measures.
- Included NPIs with PFS charges equal to zero in the Zero Carrier Charge Amount File.
- Added NPPES Data (NPI name and Taxonomy codes), which were previously provided in an Ad Hoc file and will be a separate reference file.
• Updated references to reflect Program Year 2016.
• Added Risk Adjusted Data elements for Risk Adjusted Measures.

4.3.1.11  HITECH Outputs

• Updated to include Next Generation ACO and CEC ACO programs.
• Incorporated the Meaningful Use (MU) criteria for CPC.

4.3.1.12  PQRS Measures Count

<table>
<thead>
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<th>Submission Type</th>
<th>2016 Active Measures</th>
<th>New</th>
<th>Retired</th>
<th>Updates</th>
<th>Unchanged</th>
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<td>Registry</td>
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<td>38</td>
<td>15</td>
<td>126</td>
<td>34</td>
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<td>Electronic Health Records (EHR)</td>
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<td>64</td>
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<td>GPRO</td>
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<td>12</td>
<td>5</td>
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<td>MSSP ACO</td>
<td>17</td>
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</tr>
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<td>Registry Measures Groups</td>
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<td>3</td>
<td>0</td>
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<tr>
<td>CPC</td>
<td>13</td>
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<td>0</td>
<td>13</td>
<td>0</td>
</tr>
<tr>
<td>QCDR – Non-PQRS measures</td>
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<td>n/a</td>
<td>n/a</td>
<td>n/a</td>
<td>n/a</td>
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<td>QCDR - PQRS Measures</td>
<td>280</td>
<td>n/a</td>
<td>n/a</td>
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<tr>
<td>CSV (CAHPS)</td>
<td>1</td>
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<td>0</td>
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<tr>
<td>Cross-Cutting Measures</td>
<td>23</td>
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<tr>
<td><strong>Total Count</strong></td>
<td><strong>718</strong></td>
<td><strong>61</strong></td>
<td><strong>23</strong></td>
<td><strong>284</strong></td>
<td><strong>57</strong></td>
</tr>
</tbody>
</table>

4.3.2  2017 DataMart Release

The 2017 DataMart Release includes the following program changes:

• Annual Management Reports
• DataMart Usage Statistics Reports
4.3.2.1 Annual Management Reports

Existing Annual Management Reports have been modified to include NextGen ACO and CEC ACO data.

Additional reports have been provided to review reporting and payment adjustment information for all PQRS reporters. Payment Adjustment data can be reviewed in reports based on beneficiary volume, provider specialty and PFS charges, provider specialty and practice size, provider specialty and participation method, provider state/region and practice size.

4.3.2.2 DataMart Usage Statistics Reports

The DataMart Usage Statistics Report provides information on DataMart usage including:

- Users accessing the system
- Reports and data accessed by users

5. Troubleshooting & Support

In this topic, you will learn about:

Troubleshooting Tips
Additional Software
Special Considerations
Support

5.1 Troubleshooting Tips

Following are helpful hints and troubleshooting information:

- For assistance with the PQRS Portal assistance contact the QualityNet Help Desk at 1-866-288-8912, fax at (888) 329-7377 (Monday-Friday 7:00 a.m.-7:00 p.m., CT), or by email at QNet Support, qnetsupport@hcqis.org.

- The security level for the web browser's Internet zone must be set to the equivalent of Medium or lower.

  To locate this setting:

  1. Open Internet Explorer.
  2. Click the Tools menu option at the top of the page.
  3. Select Internet Options from the drop-down list.
  4. Click the Security tab.
5. Click **Internet** to highlight it (in the area at the top where you can select a Web content zone to specify its security settings).

6. Click the **Custom Level** button at the bottom of this box.

7. Verify that the **Custom Settings** field (at the bottom of the Security Settings box) is set to Medium or lower.

- Users must have an adequate operating system (administrator) rights to properly install programs and modify the workstation’s registry.
- The web browser must be set appropriately to enable pop-up messages to appear from QualityNet.org. *Please contact your Help Desk Staff if assistance is needed.*

### 5.2 Additional Software

Not Applicable

### 5.3 Special Considerations

Microsoft® Internet Explorer is a registered trademark of the Microsoft Corporation.

Adobe®, the Adobe logo, and Acrobat are registered trademarks or trademarks of Adobe Systems Incorporated in the United States and/or other countries.

### 5.4 Support

<table>
<thead>
<tr>
<th>Contact</th>
<th>Org</th>
<th>Phone</th>
<th>Email</th>
<th>Role</th>
<th>Responsibility</th>
</tr>
</thead>
<tbody>
<tr>
<td>CMS IT Service Desk</td>
<td>CMS</td>
<td>410-786-2580 or 1-800-562-1963</td>
<td><strong>CMS IT Service Desk</strong>, <a href="mailto:cms_it_service_desk@cms.hhs.gov">cms_it_service_desk@cms.hhs.gov</a></td>
<td>Help desk support</td>
<td>First level user support and problem reporting</td>
</tr>
<tr>
<td>QualityNet Help Desk</td>
<td>HCQIS</td>
<td>1-866-288-8912</td>
<td><strong>QualityNet Support Email Address</strong>, <a href="mailto:qnetsupport@hcqis.org">qnetsupport@hcqis.org</a></td>
<td>Help desk support</td>
<td>Help with the Portal or the EIDM registration process (e.g., forgot ID, password resets, etc.)</td>
</tr>
</tbody>
</table>
# Acronyms

This section describes the acronyms used in this document.

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Literal Translation</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIA</td>
<td>Automated Intervention Application</td>
</tr>
<tr>
<td>CMS</td>
<td>Centers for Medicare &amp; Medicaid Services</td>
</tr>
<tr>
<td>CPC</td>
<td>Comprehensive Primary Care Initiative</td>
</tr>
<tr>
<td>EIDM</td>
<td>Enterprise Identity Management System</td>
</tr>
<tr>
<td>EHR</td>
<td>Electronic Health Record</td>
</tr>
<tr>
<td>EP</td>
<td>Eligible Professionals</td>
</tr>
<tr>
<td>GPRO</td>
<td>Group Practice Reporting Option</td>
</tr>
<tr>
<td>IR</td>
<td>Informal Review</td>
</tr>
<tr>
<td>IRRMA</td>
<td>Informal Review Request Management Application</td>
</tr>
<tr>
<td>MOCP</td>
<td>Maintenance of Certification Program</td>
</tr>
<tr>
<td>NPI</td>
<td>National Provider Identifier</td>
</tr>
<tr>
<td>OBIEE</td>
<td>Oracle Business Intelligence Enterprise Edition tool</td>
</tr>
<tr>
<td>PQIP</td>
<td>Provider Quality Information Portal</td>
</tr>
<tr>
<td>PQRS</td>
<td>Physician Quality Reporting System</td>
</tr>
<tr>
<td>QRDA</td>
<td>Quality Reporting Data Architecture</td>
</tr>
<tr>
<td>QCDR</td>
<td>Qualified Clinical Data Registry</td>
</tr>
<tr>
<td>TIN</td>
<td>Tax Identification Number</td>
</tr>
<tr>
<td>Acronym</td>
<td>Literal Translation</td>
</tr>
<tr>
<td>---------</td>
<td>----------------------------------</td>
</tr>
<tr>
<td>XML</td>
<td>Extensible Markup Language</td>
</tr>
<tr>
<td>SEVT</td>
<td>Submission Engine Validation Tool</td>
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## Glossary

<table>
<thead>
<tr>
<th>Term</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Center for Clinical Standards and Quality (CCSQ)</strong></td>
<td>An office within CMS that serves as the focal point for all quality, clinical and medical science issues and policies for the Agency's programs. Provides leadership and coordination for the development and implementation of a cohesive, agency-wide approach to measuring and promoting quality and leads the Agency's priority-setting process for clinical quality improvement.</td>
</tr>
<tr>
<td><strong>Centers for Medicare &amp; Medicaid Services (CMS)</strong></td>
<td>A federal agency within the U.S. Department of Health and Human Services responsible for administering Medicare, working with state governments on administering Medicaid, the State Children’s Health Insurance Program (SCHIP), and health insurance portability standards.</td>
</tr>
<tr>
<td><strong>Data Submission Vendor (DSV)</strong></td>
<td>Data Submission Vendors collect an eligible professional’s clinical quality data (at least the numerator data) directly from the eligible professional’s EHR.</td>
</tr>
<tr>
<td><strong>Electronic Health Record</strong></td>
<td>Electronic Health Records are electronic records of patient health information gathered and/or generated in any care delivery setting. This information includes patient demographics, progress notes, medications, vital signs, past medical history, immunizations, laboratory data, and radiology reports. Gathering and/or generating this information electronically provides the ability for providers to pass information from care point to care point and ensure quality health management by physicians.</td>
</tr>
<tr>
<td><strong>Eligible Professionals</strong></td>
<td>Within PQRS, covered professional services are those paid under or based on the Medicare Physician Fee Schedule. To the extent that eligible professionals are providing services that are paid under or based on the Physician Fee Schedule, those services are eligible for the Physician Quality Reporting System.</td>
</tr>
<tr>
<td><strong>Maintenance of Certification Incentive Entity</strong></td>
<td>Entity refers to a medical specialty board or equivalent organization that has been authorized by CMS to act as a special registry for the submission of Maintenance of Certification Program (MOCP) Incentive data as well as to administer the MOCP on its behalf.</td>
</tr>
<tr>
<td><strong>Registry</strong></td>
<td>Qualified vendors that are eligible to submit data for professionals.</td>
</tr>
<tr>
<td><strong>Qualified Clinical Data Registry (QCDR)</strong></td>
<td>Qualified Clinical Data Registry (QCDR) are eligible professionals submit data using QCDR XML specifications for PQRS and Non-PQRS measures and QRDA-3 for 64 eCQMs.</td>
</tr>
<tr>
<td>Term</td>
<td>Definition</td>
</tr>
<tr>
<td>------------------------------------------------</td>
<td>-------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td><strong>National Provider Identifier (NPI)</strong></td>
<td>A unique identification number for covered health care providers.</td>
</tr>
<tr>
<td><strong>Tax Identification Number (TIN)</strong></td>
<td>An identification number used by the Internal Revenue Service in the administration of tax laws.</td>
</tr>
<tr>
<td><strong>Physician Quality Reporting System (PQRS)</strong></td>
<td>A quality reporting system that includes an incentive payment for eligible professionals who satisfactorily report data on quality measures for covered professional services provided during the specified program year.</td>
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# Referenced Documents

<table>
<thead>
<tr>
<th>Document</th>
<th>Location</th>
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<tbody>
<tr>
<td>PQRS User Guides</td>
<td><a href="https://www.qualitynet.org/pqrs">https://www.qualitynet.org/pqrs</a></td>
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## Revision History

<table>
<thead>
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<th>Version</th>
<th>Date</th>
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<tr>
<td>1.0</td>
<td>10/06/16</td>
<td>Updated to include new functionality delivered with the PQRS September 2016 (10.3.0) Release.</td>
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<tr>
<td>2.0</td>
<td>12/15/16</td>
<td>Updated to reflect changes to functionality for December 2016 (11.0.0) release Validation &amp; Readiness Review (VRR).</td>
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<td>3.0</td>
<td>04/13/17</td>
<td>Updated to reflect changes to functionality for April 2017 (11.1.0) release Validation &amp; Readiness Review (VRR).</td>
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<tr>
<td>4.0</td>
<td>05/25/17</td>
<td>Updated to reflect changes to functionality for 2017 DataMart (11.1.1) release Validation &amp; Readiness Review (VRR).</td>
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