Physician Quality Reporting System (PQRS):

2016 Qualified Clinical Data Registry

Data Validation Plan Criteria

November 2015

Background

The Physician Quality Reporting System (PQRS) is a voluntary quality reporting program that promotes the reporting of quality information by eligible professionals (EPs) and group practices. The program applies a negative 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 (MPFS) services furnished to Medicare Part B Fee-for-Service (FFS) beneficiaries (including Railroad Retirement Board and Medicare Secondary Payer). Those who satisfactorily report for the 2016 program year will avoid the 2018 PQRS negative payment adjustment (-2.0%).

Additional information on the PQRS can be found on the Physician Quality Reporting System section of the CMS website. Additional information on the QCDRs can be found on the Qualified Clinical Data Registry Reporting page of the Physician Quality Reporting System section of the CMS website.

Purpose

This document applies to entities interested in participating as a Qualified Clinical Data Registry (QCDR) in 2016 PQRS by supporting EPs or PQRS group practices. In order to become a QCDR, entities must submit a data validation plan that meets the criteria set forth by the MPFS Final Rule. This document describes these criteria.

Data Validation Plan

By **5:00 p.m. Eastern Time (ET) on January 31, 2016**, prospective QCDRs must submit an acceptable data validation plan or validation strategy to CMS. In an attempt to streamline the process for prospective QCDRs, the data validation will can be submitted using JIRA self-nomination form. The data validation plan can either be populated into the pre-formulated question fields in JIRA or uploaded as an attachment in JIRA. Please note that if both the pre-

formulated questions and upload attachment options are utilized for the submission of a QCDR's data validation plan, CMS will only review the information populated in the pre-formulated fields for purposes of satisfying the data validation plan requirement. For additional information, regarding the process to submit deliverables via JIRA, please review the 2016 Self-Nomination User Guide located in the 2016 QCDR Self-Nomination Toolkit.

Data Validation Plan Criteria

A validation plan details how the QCDR will determine whether EPs and PQRS group practices have submitted data accurately and satisfactorily on the minimum number of their eligible patients, visits, procedures, or episodes for a given measure. Acceptable validation strategies often include such provisions as the QCDR being able to conduct random sampling of their participant's data, but may also be based on other credible means of verifying the accuracy of data content and completeness of reporting or adherence to a required sampling method. Below are items to consider for inclusion in your validation strategy.

1. Organization Name – (Specify your Sponsoring Organization name and QCDR name if the two are different.)
2. Program Year
3. Vendor Type (for example, QCDR)
4. Provide the method(s) by which your organization obtains data from its customers:
    a. Claims
    b. Web-based Tool
    c. Practice Management System
    d. Electronic Health Record
    e. Other (please explain)
    f. Combination of 2 or more methods.
        i. If a combination of methods (Claims, Web Based Tool, Practice Management System, Electronic Health Record and/or other) is utilized, please state which method(s) your organization utilizes to collect your reporting numerator and denominator data.
5. Indicate the method your organization will use to verify the accuracy of each Tax Identification Number (TIN) and National Provider Identifier's (NPI) it is intending to submit (i.e., National Plan and Provider Enumeration System (NPPES), CMS claims, tax documentation).
6. Describe the method that your organization will use to accurately calculate both reporting rates and performance rates for measures based on the appropriate measure type and specification.
    a. For composite measures or measures with multiple performance rates, the entity must provide CMS with the methodology the entity uses for these composite measures and measures with multiple performance rates.
7. Describe the process the entity will use for completion of a randomized audit of a sub-set of data prior to the submission to CMS.
    a. Periodic examinations may be completed to compare patient record data with submitted data.
    b. Periodic examinations may be completed to ensure PQRS and non-PQRS measures were accurately reported based on the appropriate Measure Specifications (i.e., accuracy of numerator, denominator, and exclusion criteria).
    c. Sampling Methodology (may be completed after the submission period):

   i. It is encouraged that 3% of the TIN/NPIs be sampled with a minimum sample of 10 TIN/NPIs or a maximum sample of 50 TIN/NPIs.
   ii. For each TIN/NPI sampled, it is encouraged that 25% of the patients (with a minimum sample of 5 patients or a maximum sample of 50 patients) should be reviewed for all measures applicable to the patient.
8. Define a process for completing a detailed audit if the QCDR's validation reveals inaccuracy and describe how this information will be conveyed to CMS.

EHR Incentive Program: If your organization intends to support the EHR Incentive Program, you must also see the requirements for certification of an EHR product by the Office of the National Coordinator for Health Information Technology (ONC).