

VQI QCDR

Physician Quality Reporting System

Background

The Centers for Medicare & Medicaid Services (CMS) funded Physician Quality Reporting System (PQRS) was created in 2006 to provide physicians with a financial incentive for engaging in outcomes reporting. For 2016, eligible professionals who satisfactorily report data on quality measures for covered professional services furnished to Medicare Part B beneficiaries may avoid the prospective PQRS payment adjustment equal to 2.0% of their Medicare Part B Physician Fee Schedule (PFS) allowed charges in 2018. The PQRS program strives to engage physicians in expanding quality reporting to improve the overall quality of patient care.

M2S Service Description

CMS has made several reporting mechanisms available to physicians who wish to participate in PQRS. M2S, Inc. is an approved Qualified Clinical Data Registry (QCDR) vendor for PQRS reporting of individual quality measures for the 12-month 2016 reporting period. To participate using the QCDR-based submission method for 2016 PQRS, physicians must report on at least 50% of their total patient population, of which one patient must be a Medicare Part B patient, that meet individual QCDR measure criteria for nine or more measures across three National Quality Strategy Domains. M2S supports reporting of 11 PQRS individual measures and 15 QCDR individual measures, across three National Quality Strategy Domains for the 2016 PQRS reporting period. Refer to [Appendix A](#) for detailed list of measures.

Enrollment in 2016 PQRS, using M2S as your approved QCDR vendor, takes place between May 1st and July 15th of 2016. Submission of PQRS data to CMS for 2016 PQRS occurs in early March 2017. For this service, M2S charges a fee of \$349 per participating physician at the time of submission. M2S will make available, to participating physicians, NPI-level feedback reports at least three times annually that indicate their number of eligible instances and associated reporting rate for each quality measure throughout the reporting period and a final NPI-level feedback report in February 2017, prior to the submission. After receipt of this final feedback report, physicians may determine whether or not they want M2S to submit their reporting rates. Additionally, M2S may conduct an annual audit of 3% of submitted data to ensure the accuracy of provider submissions against the medical record data prior to June 30, 2017. M2S will work with centers selected for audit to identify an individual not initially involved in data entry into the registry to review the registry submission against the medical record to ensure accuracy of the submission. Eligible professionals who successfully submit on at least nine quality measures across three NQS domains become eligible to avoid the prospective PQRS payment adjustment equal to 2.0% of their Medicare Part B Physician Fee Schedule (PFS) allowed charges in 2018.

To calculate the reporting rate for each participating physician, M2S uses clinical data captured in each PATHWAYS™ VQI© registry. To determine the numerator for each physician's reporting rate as well as performance met, performance not met and exclusion rates, M2S will mine clinical data entered into the VQI Registry. For the procedure registries currently captured in the VQI registry, M2S has designed the PQRS-required data elements into the VQI forms for seamless integration into an institution's workflow. To see a list of the CPT codes associated to PQRS measures that are captured within the registry data, refer to [Appendix B](#).

The number of eligible instances, or denominator, for each physician's reporting is determined by the clinical data captured for each patient reported in the appropriate VQI Registry.

Getting Started

To participate in the 2016 PQRS through M2S, physicians should do the following:

Discuss PQRS with your staff

- Determine whether the majority of your cases are currently captured in the VQI registry.

Contact M2S to indicate your initial interest in participating in PQRS by July 15, 2016

- M2S will update the privileges of your Hospital Manager to be able to set you up as a PQRS participant within the database – set-up includes entry of your National Provider Identifier (NPI), Tax Identification Number (TIN), and Reporting Period. The TIN submitted should match the TIN under which the physician submits Medicare Part B claims.
 - **Important:** To successfully participate, eligible professionals must not be part of an ACO or be associated with a TIN that is registered for the Group Practice Reporting Option.
- Fully execute and return a 2016 PQRS Provider Statement authorizing M2S to submit data to CMS for the 2016 PQRS program by July 30, 2016. This statement also authorizes the billing of your credit card in the amount of \$349 for this service, once the submission to CMS has been completed.

Collect clinical data in VQI for PQRS

- Ensure entry of all procedures and PQRS-required data fields whose surgery dates fall within the reporting period by mid-January 2017, for inclusion in the reporting rate calculation.
- **Important:** For the measures requiring follow-up, the follow-up visit must occur at least nine months after the procedure, and be completed by 12/31/2016.

Appendix A: Individual measures list

Measure	Title	Process/ Outcome	Domain	Procedure/ Follow-Up	VQI Registry
PQRS 21	Perioperative Care: Selection of Prophylactic Antibiotic-First OR Second Generation Cephalosporin	Process	Patient Safety	Procedure	CAS, CEA, EVAR, HDA, INFRA, OPEN, PVI, SUPRA
PQRS 22	Perioperative Care: Discontinuation of Prophylactic Parenteral Antibiotics (Non-Cardiac Procedures)	Process	Patient Safety	Procedure	CAS, CEA, EVAR, HDA, INFRA, OPEN, PVI, SUPRA
PQRS 257	Statin Therapy at Discharge after Lower Extremity Bypass	Process	Effective Clinical Care	Procedure	INFRA
PQRS 258	Rate of Open Repair of Small or Moderate Non-Ruptured Abdominal Aortic Aneurysms (AAA) without Major Complications (Discharged to Home by Post-Operative Day #7)	Outcome	Patient Safety	Procedure	OPEN
PQRS 259	Rate of Endovascular Aneurysm Repair (EVAR) of Small or Moderate None-Ruptured Abdominal Aortic Aneurysms (AAA) without Major Complications (Discharged to Home by Post-Operative Day #2)	Outcome	Patient Safety	Procedure	EVAR
PQRS 260	Rate of Carotid Endarterectomy (CEA) for Asymptomatic Patients, without Major Complications (Discharged to Home by Post-Operative Day #2)	Outcome	Patient Safety	Procedure	CEA
PQRS 344	Rate of Carotid Endarterectomy Stenting (CAS) for Asymptomatic Patients, without Major Complications (Discharged to Home by Post-Operative Day #2)	Outcome	Effective Clinical Care	Procedure	CAS
PQRS 345	Rate of Post-Operative Stroke or Death in Asymptomatic Patients Undergoing Carotid Artery Stenting (CAS)	Outcome	Effective Clinical Care	Procedure	CAS
PQRS 346	Rate of Post-Operative Stroke or Death in Asymptomatic Patients Undergoing Carotid Endarterectomy (CEA)	Outcome	Effective Clinical Care	Procedure	CEA
PQRS 347	Rate of Endovascular Aneurysm Repair (EVAR) of Small or Moderate None-Ruptured Abdominal Aortic Aneurysms (AAA) Who Die in Hospital	Outcome	Patient Safety	Procedure	EVAR
PQRS 423	Perioperative Anti-Platelet Therapy for Patients Undergoing Carotid Endarterectomy	Process	Effective Clinical Care	Procedure	CEA
M2S-1	Procedures with statin and antiplatelet agents prescribed at discharge	Process	Effective Clinical Care	Procedure	CAS, CEA, EVAR, OPEN, TEVAR, INFRA, SUPRA, PVI

Measure	Title	Process/ Outcome	Domain	Procedure/ Follow-Up	VQI Registry
M2S-2	Amputation-free survival assessed at least 9 months following Infra-Inguinal Bypass for intermittent claudication	Outcome	Patient Safety	Follow-Up	INFRA
M2S-3	Infra-Inguinal bypass for claudication patency assessed at least 9 months following surgery	Process	Communication & Care Coordination	Follow-Up	INFRA
M2S-4	Amputation-free survival assessed at least 9 months following Supra-Inguinal Bypass for claudication	Outcome	Patient Safety	Follow-Up	SUPRA
M2S-5	Amputation-free survival assessed at least 9 months following Peripheral Vascular Intervention for intermittent claudication	Outcome	Patient Safety	Follow-Up	PVI
M2S-6	Peripheral Vascular Intervention patency assessed at least 9 months following infrainguinal PVI for claudication	Process	Communication & Care Coordination	Follow-Up	PVI
M2S-7	Ipsilateral stroke-free survival assessed at least 9 months following isolated Carotid Artery Stenting for asymptomatic procedures	Outcome	Effective Clinical Care	Follow-Up	CAS
M2S-8	Ipsilateral stroke-free survival assessed at least 9 months following isolated CEA for asymptomatic procedures	Outcome	Effective Clinical Care	Follow-Up	CEA
M2S-9	Imaging-based maximum aortic diameter assessed at least 9 months following Thoracic and Complex EVAR procedures	Process	Communication & Care Coordination	Follow-Up	TEVAR
M2S-10	Survival at least 9 months after elective repair of small thoracic aortic aneurysms	Outcome	Effective Clinical Care	Follow-Up	TEVAR
M2S-11	Imaging-based maximum aortic diameter assessed at least 9 months following Endovascular AAA Repair procedures	Process	Communication & Care Coordination	Follow-Up	EVAR
M2S-12	Survival at least 9 months after elective repair Endovascular AAA Repair of small abdominal aorta aneurysms	Outcome	Effective Clinical Care	Follow-Up	EVAR
M2S-13	Survival at least 9 months after elective Open AAA repair of small abdominal aorta aneurysms	Outcome	Effective Clinical Care	Follow-Up	OPEN
M2S-14	Disease specific patient-reported outcome surveys for Varicose Vein procedures	Process	Person and Caregiver-Centered Experience Outcomes	Procedure	Varicose Vein
M2S-15	Appropriate management of retrievable IVC filters	Process	Effective Clinical Care	Procedure	IVC Filter

Appendix B: Codes associated with Individual Measures

Measure	Title	VQI Registry	Applicable Codes
PQRS 21	Perioperative Care: Selection of Prophylactic Antibiotic-First OR Second Generation Cephalosporin	CAS, CEA, EVAR, HDA, INFRA, OPEN, PVI, SUPRA Additional fields are required for: General Thoracic, General Vascular, Vascular Abdominal, Vascular Cervical, Vascular Thoracic	0075T, 0236T, 19272, 21627, 21632, 21740, 21750, 21805, 21825, 27880, 27881, 27882, 27884, 27886, 27888, 31760, 31766, 31770, 31775, 31786, 31805, 32095, 32100, 32110, 32120, 32124, 32140, 32141, 32150, 32215, 32220, 32225, 32310, 32320, 32402, 32440, 32442, 32445, 32480, 32482, 32484, 32486, 32488, 32491, 32500, 32800, 32810, 32815, 32900, 32905, 32906, 32940, 33020, 33025, 33030, 33031, 33050, 33202, 33300, 33310, 33320, 33321, 33322, 33877, 33880, 33881, 33883, 33886, 33891, 34051, 34212, 34800, 34802, 34803, 34804, 34805, 34820, 34825, 34830, 34831, 34832, 34833, 34834, 34900, 35011, 35013, 35021, 35081, 35082, 35091, 35092, 35102, 35103, 35131, 35141, 35142, 35151, 35152, 35206, 35211, 35216, 35241, 35246, 35266, 35271, 35276, 35301, 35311, 35363, 35371, 35372, 35460, 35512, 35521, 35523, 35525, 35526, 35533, 35537, 35538, 35539, 35540, 35556, 35558, 35565, 35566, 35570, 35571, 35572, 35583, 35585, 35587, 35601, 35606, 35612, 35616, 35621, 35623, 35626, 35631, 35632, 35633, 35634, 35636, 35637, 35638, 35642, 35645, 35646, 35647, 35650, 35651, 35654, 35656, 35661, 35663, 35665, 35666, 35671, 36818, 36819, 36820, 36821, 36825, 36830, 37215, 37216, 37217, 37218, 37224, 37225, 37226, 37227, 37228, 37229, 37230, 37231, 37616, 38381, 39000, 39010, 39200, 39220, 39545, 39561, 60521, 60522, 64746
PQRS 22	Perioperative Care: Discontinuation of Prophylactic Parenteral Antibiotics (Non-Cardiac Procedures)		
PQRS 257	Statin Therapy at Discharge after Lower Extremity Bypass	INFRA	35556, 35566, 35571, 35583, 35585, 35587, 35656, 35666, 35671
PQRS 258	Rate of Open Repair of Small or Moderate Non-Ruptured Abdominal Aortic Aneurysms (AAA) without Major Complications (Discharged to Home by Post-Operative Day #7)	OPEN	35081, 35102
PQRS 259	Rate of Endovascular Aneurysm Repair (EVAR) of Small or Moderate Non-Ruptured Abdominal Aortic Aneurysms (AAA) without Major Complications (Discharged to Home by Post-Operative Day #2)	EVAR	34800, 34802, 34803, 34804, 34805

Measure	Title	VQI Registry	Applicable Codes
PQRS 260	Rate of Carotid Endarterectomy (CEA) for Asymptomatic Patients, without Major Complications (Discharged to Home by Post-Operative Day #2)	CEA	35301
PQRS 344	Rate of Carotid Endarterectomy Stenting (CAS) for Asymptomatic Patients, without Major Complications (Discharged to Home by Post-Operative Day #2)	CAS	37215
PQRS 345	Rate of Post-Operative Stroke or Death in Asymptomatic Patients Undergoing Carotid Artery Stenting (CAS)	CAS	37215
PQRS 346	Rate of Post-Operative Stroke or Death in Asymptomatic Patients Undergoing Carotid Endarterectomy (CEA)	CEA	35301
PQRS 347	Rate of Endovascular Aneurysm Repair (EVAR) of Small or Moderate None-Ruptured Abdominal Aortic Aneurysms (AAA) Who Die in Hospital	EVAR	34800, 34802
PQRS 423	Perioperative Anti-Platelet Therapy for Patients Undergoing Carotid Endarterectomy	CEA	35301
M2S-1	Procedures with statin and antiplatelet agents prescribed at discharge	CAS, CEA, EVAR, OPEN, TEVAR, INFRA, SUPRA, PVI	All codes captured in the following VQI Registries: CAS, CEA, EVAR, OPEN, TEVAR, INFRA, SUPRA, PVI
M2S-2	Amputation-free survival assessed at least 9 months following Infra-Inguinal Bypass for intermittent claudication	INFRA	All codes captured in the VQI INFRA Registry
M2S-3	Infra-Inguinal bypass for claudication patency assessed at least 9 months following surgery	INFRA	All codes captured in the VQI INFRA Registry
M2S-4	Amputation-free survival assessed at least 9 months following Supra-Inguinal Bypass for claudication	SUPRA	All codes captured in the VQI SUPRA Registry
M2S-5	Amputation-free survival assessed at least 9 months following Peripheral Vascular Intervention for intermittent claudication	PVI	All codes captured in the VQI PVI Registry
M2S-6	Peripheral Vascular Intervention patency assessed at least 9 months following infrainguinal PVI for claudication	PVI	All codes captured in the VQI PVI Registry
M2S-7	Ipsilateral stroke-free survival assessed at least 9 months following isolated Carotid Artery Stenting for asymptomatic procedures	CAS	All codes captured in the VQI CAS Registry
M2S-8	Ipsilateral stroke-free survival assessed at least 9 months following isolated CEA for asymptomatic procedures	CEA	All codes captured in the VQI CEA Registry
M2S-9	Imaging-based maximum aortic diameter assessed at least 9 months following Thoracic and Complex EVAR procedures	TEVAR	All codes captured in the VQI TEVAR Registry

Measure	Title	VQI Registry	Applicable Codes
M2S-10	Survival at least 9 months after elective repair of small thoracic aortic aneurysms	TEVAR	All codes captured in the VQI TEVAR Registry
M2S-11	Imaging-based maximum aortic diameter assessed at least 9 months following Endovascular AAA Repair procedures	Endo AAA	All codes captured in the VQI EVAR Registry
M2S-12	Survival at least 9 months after elective repair Endovascular AAA Repair of small abdominal aorta aneurysms	Endo AAA	All codes captured in the VQI EVAR Registry
M2S-13	Survival at least 9 months after elective Open AAA repair of small abdominal aorta aneurysms	Open AAA	All codes captured in the VQI Open Registry
M2S-14	Disease specific patient-reported outcome surveys for Varicose Vein procedures	Varicose Vein	All codes captured in the VQI Varicose Vein Registry
M2S-15	Appropriate management of retrievable IVC filters	IVC Filter	All codes captured in the VQI IVC Filter Registry