The American College of Radiology

Physician Quality Reporting System (PQRS) Physician Portal

User Guide

November 15, 2016

American College of Radiology
1891 Preston White Drive
Reston, VA 20191-4397
# Revisions

<table>
<thead>
<tr>
<th>Date</th>
<th>Description of Revisions</th>
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<tr>
<td>September 30, 2014</td>
<td>New guide on using the physician portal for PQRS reporting</td>
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<tr>
<td>December 01, 2014</td>
<td>Functionality to upload measure data via an Excel file is now available. See Section 3.4. Upload PQRS Measure Data Section 3.3. renamed to Manual Data Entry Section 3.5. Review PQRS Measure Data New terms added in the Glossary section</td>
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<tr>
<td>February 10, 2015</td>
<td>Guide updated to reflect new functionality for selecting measures, providing information on total relevant exams performed, reviewing performance rates for all measures and online payment Section 3.6. Performance Report Section 3.7. CMS Submission Section 3.8. Invoice for PQRS Reporting Fee &amp; Online Payment for Physicians (applies only for physicians at facilities that registered for NRDR on or after July 31, 2014)</td>
</tr>
<tr>
<td>February 23, 2015</td>
<td>All physician users must now provide an email address to complete PQRS Physician Reporting Registration the following sections have been updated: Section 2.2. Navigation Section 3.1. PQRS Physician Reporting Registration</td>
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<tr>
<td>February 25, 2015</td>
<td>Instructions provided for interpreting each field in the Performance Report Section 3.6. Performance Report</td>
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<tr>
<td>January 20, 2016</td>
<td>All facility administrator users can now access the physician portal to upload and view measure data by physician NPI. The following sections have been updated: Section 3.4 Upload PQRS Measure Data Section 3.6 Performance Report Section 3.7 CMS Submission</td>
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<tr>
<td>January 29, 2016</td>
<td>Physician users must attest to the accuracy of data, this includes selecting final measures to be submitted to CMS on their behalf. Section 3.7 CMS Submission for instructions.</td>
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<tr>
<td>November 15, 2016</td>
<td>3.5 (added) Vendor Certification Instructions</td>
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1. INTRODUCTION

The Centers for Medicare and Medicaid Services has approved the ACR’s National Radiology Data Registry (NRDR) as a Qualified Clinical Data Registry (QCDR) for the CMS Physician Quality Reporting System (PQRS) in the 2014 program year. Physician users will use the portal to manage the PQRS participation process through the NRDR QCDR. This portal may be used to review requirements, submit data for PQRS measures, review data for non-PQRS measures, select measures for submission to CMS, and complete required attestations.

You can access the Physician Portal through the NRDR website at http://nrdr.acr.org. If you have any questions or difficulties using the website, please contact the NRDR Help Desk, at nrdr@acr.org or 1-800-227-5463, ext. 3535.

For more information on NRDR, refer to the NRDR User Guide, available on the NRDR website.

2. ACCESSING THE PQRS PHYSICIAN PORTAL

2.1. User Interface Overview

Physicians who have been added to the Physician Dictionary for PQRS purposes will receive an email confirmation with log-in information for accessing the physician portal. For information about adding physicians to the Physician Dictionary see section 6.5 in the NRDR User Guide.

Only Physician Users can access the Physician User portal. You must have a user name and password. Contact your facility administrator if you cannot find your account information. The person who registered your facility in NRDR for PQRS participation is known as the Facility Administrator, and had enrolled physicians during the registration process. For information about the NRDR registration process, refer to Section 2, “Getting Started”, in the NRDR User Guide.

“To log in to the PQRS Portal, access the NRDR home page at https://nrdr.acr.org then select Physician User from the User Type drop-down list and pause while the page is refreshed. Type in your user name and password and click the “Log In” button.”

2.2. Navigation

The physician portal can be accessed from the NRDR portal.

The top part of each page includes a status bar showing your user name and user type. A “Logout” button also appears. Click this button to terminate your session. If you have not yet logged in, the fields are blank, and a “Log In” button appears. Enter your login information and click the “Log In” button to begin your session.
Sample PQRS Screen After Login

After selecting PQRS Measure Participation select Data Collection and Reports you will be directed the Physician Portal. The portal will provide detailed information about uploading data, reviewing measures and performance reports.

Additionally, if a physician completed registration prior to February 19, 2015 the portal will now prompt physicians to enter an email address after logging in. A physician email is required for attestation and data submission to CMS.
Sample PQRS Physician Portal Page
Physician Quality Reporting System (PQRS) Reporting Physician Registration

In consideration of participation in the Physician Quality Reporting System (PQRS) administered by the U.S. Department of Health & Human Services Centers for Medicare & Medicaid Services (“CMS”), through use of the American College of Radiology (ACR) National Radiology Data Registry Qualified Clinical Data Registry (NRDR/QCDR), I acknowledge and agree to the following:

**ACR Responsibilities:**

1. **QCDR Registration**
   a. At the time each individual physician registers to participate in the NRDR QCDR, the ACR will obtain
      i. Signed documentation for each physician NPI whose data are submitted to the QCDR,
   b. Authorization for the NRDR QCDR to submit quality measure data or results to CMS for the purpose of PQRS participation.
   c. ACR will keep this documentation on file for at least 7 years.

2. **Quality Measure Data Submission and Validation:**
   a. At the time of NRDR QCDR registration, participants are notified of the requirements for successful PQRS QCDR reporting for obtaining an incentive and avoiding a penalty under the PQRS program, including number and type of measures to report and patient sample size
   b. The NRDR QCDR will submit to CMS quality measure data/data results that demonstrate satisfactory participation in PQRS and will provide CMS a signed, written attestation statement via e-mail which states that the quality measure results and any and all data, including numerator and denominator data, provided to CMS are accurate and complete, as reported and attested to by the individual physician participants. The ACR will confirm individual (not group) physician NPIs using a national database such as National Plan and Provider Enumeration System (NPPES)
   c. Upon request by CMS, the NRDR QCDR will provide CMS with access to the NRDR QCDR database in order to review beneficiary data on which the NRDR QCDR submissions are based, or alternatively provide CMS a copy of the actual data used for such.
   d. If determined necessary by CMS, samples of patient level data in the NRDR QCDR will be made available to CMS for validating data submitted to CMS on behalf of NRDR QCDR physician participants. CMS will validate that TIN/NPI combinations match what is used for Medicare billing and that Medicare beneficiary counts by TIN/NPI match what is submitted by the NRDR QCDR for each TIN/NPI combination.
   e. Once the QCDR submission deadline has passed and the CMS QCDR portal has closed, resubmissions of data will not be accepted.

**NRDR QCDR Participant Responsibilities:**

1. I declare intent to submit data for PQRS through the ACR NRDR QCDR and will provide and attest to the accuracy of the following:
   a. Confirmation of Medicare Part B participation and billing
   b. NPI and TINs under which I bill Medicare Part B

PQRS Registration
3. SAMPLE REGISTRATION PAGE PQRS MEASURE DATA COLLECTION

3.1. PQRS Physician Reporting Registration

Physician users enrolled in the NRDR QCDR for PQRS 2016 must agree to the participant responsibilities as listed below before accessing the full portal.

NRDR QCDR Participant Responsibilities:

1. □ I declare intent to submit data for PQRS through the ACR NRDR QCDR and will provide and attest to the accuracy of the following:
   a. Confirmation of Medicare Part B participation and billing
   b. NPI and TINs under which I bill Medicare Part B
   c. Individual NPI associated with data submitted to NRDR from my participating facility, or in lieu of, local physician ID
   d. Provide tax documentation to confirm TINs, if requested

2. □ Prior to submission of quality measure reporting and performance data by NRDR QCDR to CMS, I will confirm and attest to the accuracy and completeness of the following:
   a. TIN/NPI combination(s) used in the QCDR are accurate and used on submission of Medicare claims
   b. The NPI associated with my measures is my individual NPI
   c. The reporting denominator or number of eligible procedures for each measure meets or exceeds the required 50% sample of all measure-relevant procedures, per TIN/NPI combination, or an attestation that all performed procedures relevant to my measures were submitted to the registry

3. □ I authorize the ACR to submit to CMS reporting and performance data on measures selected and confirmed by me for purposes of participation in the PQRS program, and understand that CMS may publicly disclose quality measure results associated with the PQRS program. Such public disclosure will not include any patient-specific information.

4. □ If determined necessary that data audit or validation should be conducted, I will provide data necessary for such purposes.

5. □ I shall indemnify the American College of Radiology with respect to any loss or claim arising out of failure to fulfill the obligations under the PQRS Physician Registration as set forth above so long as ACR’s actions in regard to fulfilling its obligations under this agreement are done in good faith.

6. □ My acceptance by electronic signature indicates agreement to the above conditions.

QCDR Participant Responsibilities

Each physician must verify name, NPI and email address to confirm registration. A physician email is required for attestation and data submission to CMS.
3.2. Measure Selection

The physician must select measures for reporting to CMS and authorize the ACR NRDR to submit measures to CMS. There are fifteen PQRS Measures supported through the ACR’s Qualified Clinical Data Registry. Additionally, twenty four non-PQRS Measures can be selected for the 2015-2016 reporting year. If you are participating in NRDR, the available non-PQRS NRDR measures data will be collected by virtue of your participation. The measures will be calculated and shown in the most recent registry reports once they are issued.

Sample PQRS Supported Measures
3.3. Manual Data Entry

Physician Users will need to enter exam level information by using the Create Exam Form tab. Data elements shown below will need to be entered so that relevant patients or exams can be reported for each measure. Physicians will complete the information below. The Physician ID will be automatically populated. A Physician Group TIN is required to complete this information.
Exam-Level Data

Based on the patient’s age, a list of PQRS Supported Measures available for the exam will be displayed.
The following measures are not available for this exam due to the patient age restrictions

Please select the PQRS measures you want to report for this exam and scroll down to fill in the details

<table>
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<tr>
<th>Measure</th>
<th>Description</th>
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<tr>
<td>20</td>
<td>Perioperative Care: Timing of Prophylactic Parenteral Antibiotic – Ordering Physician: Percentage of surgical patients aged 18 years and older undergoing procedures with the indications for prophylactic parenteral antibiotics, who have an order for prophylactic parenteral antibiotic to be given within one hour (if fluoroquinolone or vancomycin, two hours), prior to the surgical incision (or start of procedure when no incision is required)</td>
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<td>21</td>
<td>Perioperative Care: Selection of Prophylactic Antibiotic – First OR Second Generation Cephalosporin: Percentage of surgical patients aged 18 years and older undergoing procedures with the indications for a first OR second generation cephalosporin prophylactic antibiotic, who had an order for a first OR second generation cephalosporin for antimicrobial prophylaxis</td>
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<tr>
<td>22</td>
<td>Perioperative Care: Discontinuation of Prophylactic Parenteral Antibiotics (Non-Cardiac Procedures): Percentage of non-cardiac surgical patients aged 18 years and older undergoing procedures with the indications for prophylactic parenteral antibiotics AND who received a prophylactic parenteral antibiotic, who have an order for discontinuation of prophylactic parenteral antibiotics within 24 hours of surgical end time</td>
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<tr>
<td>23</td>
<td>Perioperative Care: Venous Thromboembolism (VTE) Prophylaxis (When Indicated in ALL Patients): Percentage of surgical patients aged 18 years and older undergoing procedures for which VTE prophylaxis is indicated in all patients, who had an order for Low Molecular Weight Heparin (LMWH), Low-Dose Unfractionated Heparin (LDUH), adjusted-dose warfarin, fondaparinux or mechanical prophylaxis to be given within 24 hours prior to incision time or within 24 hours after surgery end time</td>
</tr>
<tr>
<td>76</td>
<td>Prevention of Catheter-Related Bloodstream Infections (CRBSI): Central Venous Catheter (CVC) Insertion Protocol: Percentage of patients, regardless of age, who undergo CVC insertion for whom CVC was inserted with all elements of maximal sterile barrier technique [cap AND mask AND sterile gown AND sterile gloves AND a large sterile sheet AND hand hygiene AND 2% chlorhexidine for cutaneous antiseptics (or acceptable alternative antiseptics per current guideline)] followed</td>
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Select PQRS Measures per Exam per Patient Age
For the selected measures, additional data entry rows will now be available when you scroll to the bottom of your screen:

**Example: Measure 76 with Additional Rows**

The procedure code for each exam must be entered based on the measure selected. Click on the "view available procedures" i-button to view codes for each PQRS measure.
Select the appropriate procedure code or type it into the text box, and select the appropriate measure information.

![Procedure Code and Measure Information](image)

### 3.4. Upload PQRS Measure Data

Access NRDR using your Physician User information created during the enrollment process for PQRS. Select Physician User as the user type and enter your password. Lastly, select ‘Data Collection and Reports’ to upload information via an Excel file.

![Data Collection and Reports](image)
Once logged in to the Physician Portal select ‘Upload Data’ to submit measure information via Excel.

This page allows you to upload PQRS data file or check the status of the upload for a physician.

As of 2015, Facility Administrators, Facility Users and Registry Administrators can log-in to the physician portal and upload measure data for each provider or group. To begin, enter the name of a physician or his/her NPI or physician group TIN and click Select. Each data file must contain data for the selected physician or physician group TIN.

Physician Users, Facility Administrators, Facility Users and Registry Administrators must download the PQRS Measures "Data Upload Specifications and the Excel Template or Text Template" before submitting data. After reviewing measure specifications you may upload a completed Excel file using the browse button to locate the file from your PC and then select the upload button.
Note: Physician users need to be registered in the PQRS Physician Portal before another user can upload data on their behalf.

You will be able to view the status of your ‘PQRS Measure Data’ upload by reviewing the upload status (example provided in the pic below). There are five upload statuses which are: successful, pending, rejected, deleted by user and load failure. An explanation for each is provided in the screen shot above.

If errors are present, use the ‘Action’ button in the last column to download the log file and correct errors identified for successful submission of PQRS measure data.

![Upload Status](image)

3.5. Vendor Certification Instructions

Thank you for your interest in submitting data electronically to the PQRS. **Software vendors are required to be authenticated by the ACR Connect service in order to submit data to the PQRS data registry.** Our ACR Connect Authentication Service document is available upon request and describes the necessary steps for data submission.

1. Request the following documents below via email to [nrdr@acr.org](mailto:nrdr@acr.org).
   - ACR Connect Authentication Service
   - ACR PQRS JSON Mapping
   - NRDR PQRS Exam Data Exchange

2. Once received, please review the documents. If you have any questions, send an e-mail to [nrdr@acr.org](mailto:nrdr@acr.org) requesting clarification.

3. When you are ready to begin testing, send an e-mail to [nrdr@acr.org](mailto:nrdr@acr.org) to request credentials to our testing environment.
3.6. **Review PQRS Measure Data**

Physicians can view their QCDR information that they had entered in table format. This information can be filtered across each column. You can determine how many measures are displayed on your screen by using the navigation by Page and Row at the bottom of the page. e.g., you can display 13 measures at one time. The status column will let you know whether exams are completed or more information is required.

![Display of Measures Data](image)

You can access the Physician Portal through the NRDR website at [http://nrdr.acr.org](http://nrdr.acr.org). If you have any questions or difficulties using the website, please contact NRDR Help Desk, at nrdr@acr.org or 1-800-227-5463, ext. 3535.

3.7. **Performance Report**

Physician Users are able to review performance rates on NRDR (non-PQRS) measures and submit updated data if needed. Physicians must select the appropriate reporting year “2016” from the drop-down menu and click View Report to view their performance report. The performance report for PQRS and non-PQRS measures will be displayed. This report reflects the data you submitted and the measures you selected on the CMS submission page. Please note that the portal refreshes the performance report daily at midnight Eastern Time.

Physicians are able to view both their reporting and performance rate for each measure. Please verify and confirm all intended measures are selected for CMS submission. Note: If your reporting rate is less than 50% of applicable cases you will not meet the requirements for successful participation. For information on PQRS reporting requirements, refer to section 3.7, CMS Submission.

**Interpretation of the Performance Report**

Below is an explanation of each field available in the report:

**Measure #**
This field displays a qualified measure number that is supported by the ACR Qualified Clinical Data Registry in the current program year, including both PQRS (i.e. 145, 146, etc.) and non-PQRS measures (ACRad 1 – ACRad 24).

**Measure Title**
This field includes the official measure title as determined by CMS for the reporting year.

**NQS Domain**
This field includes one of the six National Quality Strategy Domain in which the measure is included.

**Initial Patient Population**
This field includes number of patients at the physician practice who are relevant for this measure, or the "set" of patients to be evaluated for the measure. (For DIR measures and the extravasation measure, this is calculated at the level of the facility and attributed to all physicians at the facility.) This value is based on the information the physician entered the CMS submission tab. If you indicate that 100% of exams were submitted to the registry, the number of records that we received will be used as the reporting denominator. Otherwise, if you enter a number other than the number of records that we received, that number will be used for this field.

**Reporting Denominator**

The reporting denominator is considered the number of "eligible instances" that the measure could be reported. It may equal the initial patient population if there are no denominator exclusions.

**Reporting Numerator**

This field includes the total number of exams submitted with complete numerator information.

**Performance Denominator**

This field includes the reporting numerator with any denominator exclusions or denominator exceptions subtracted.

**Performance Numerator**

This field includes the number of records where a performance measure was met, or the calculated performance score for measures that are medians or means (for example, turnaround time or median dose index value).

**Denominator Exclusion/Exception**

This field includes records that are excluded from measure performance rate calculation either before considering if numerator criteria were met, e.g. removed from denominator population (exclusions) or because the numerator criteria cannot be met as indicated in measure specifications (exceptions). For example, GRID exams with very high and very low turnaround times are excluded because these values are within the top or bottom 2.5% of records submitted by the physician. An example of exclusion is the CT colonography exam measure (ACRad1) where a record is excluded because there were no positive exam findings.

Note: your performance report will only show exceptions.

**Performance Not Met**

This field includes the number of records that do not meet the numerator requirements. Note: the field will be blank for turnaround time measures and median dose index measures.

**Reporting Rate**

This field calculates the reporting numerator / reporting denominator, based on number of exams submitted to us and number of exams that you indicated were performed. This rate needs to be at least 50% for successful participation. If you need to change your reporting rate, do so in the CMS submission tab.

**Performance Rate**

This field calculates the Performance numerator / Performance denominator. Note: if submitting DIR and/or GRID measures the field will be blank.

**Selected for CMS Submission**
This field indicates if a physician selected “Yes or No” to include this measure for PQRS reporting to CMS. To make changes to the measures identified please update in the CMS Submission tab by checking the box next to each measure.
3.8. CMS Submission

Physicians must select all measures intended for submission to CMS. You must select the Reporting Year; information automatically defaults to 2015. For each Physician Group TIN and for each PQRS and/or non-PQRS measure(s) selected for submission to CMS, provide data to determine what percent of your exams were reported to NRDR for this year. In order to calculate your reporting rate, do one of the following options for each measure:

1) Select the option “I have submitted 100% of my exams to NRDR for 2016” OR
2) Enter the total number of exams relevant to this measure that you performed at your facility. Include exam count for patients with Medicare and with private payer coverage

The number of eligible procedures submitted for each measure has to meet or exceed 50% of all measure-relevant procedures, per TIN/NPI Combination in order to get credit for the measure. In addition, you must select 9 measures across 3 NQS domains to successfully meet the reporting requirements. All physicians must verify accuracy of exam information provided. The reporting rate calculated using exam volume data provided will be reported to CMS as part of your PQRS submission.

The CMS submission page is directly linked to the Performance Report tab. Please note any changes made to the reporting rate or selection of measures will not be included in the Performance Report immediately. The portal refreshes the performance report daily at midnight Eastern Time.
Please follow the instructions below:

1. Please select the appropriate reporting year from the drop-down menu and click Refresh Data.

2. For each Physician Group TIN below select the measures you want to submit to CMS and SAVE.

3. For each Physician Group TIN below, and for each measure selected for submission to CMS, provide data below to help us determine what percent of your exams were reported to NRDR for this year. The number of eligible procedures submitted for each measure has to meet or exceed 50% of all measure-relevant procedures, per TIN/ NPI Combination in order to get credit for the measure.

   In order to calculate your reporting rate, do one of the following for each measure – PQRS and non-PQRS measures - under each TIN:
   - Select the option “I have submitted 100% of my exam to NRDR for 2015”
   - OR
     - If you did not submit all your cases to NRDR.
   - Enter the total number of exams relevant to this measure that you performed at your facility. Include exam count for patients with Medicare and with private payer coverage. For example, if you are reporting on a mammography measure, tell us how many screening exams you did under this TIN and your NPI during the year. Or if you are reporting a DIR measure, tell us how many CTS were done in each facility during the year (regardless of which physician interpreted them).

4. Review your selected measures on the Performance Report page. Make and save any changes to your measure selections. You must click the I agree button for your data to be sent to CMS.
Sample Reporting Rate & Measure Selection
Physician users must attest to allow ACR to submit data provided to the Registry for PQRS to the Center for Medicare and Medicaid Services on their behalf for the reporting year. Once complete, you will see a timestamp indicating the date the attestation was electronically signed.

Sample Physician Attestation

3.9. Invoice for PQRS Reporting Fee & Online Payment

For physicians at facilities that register for NRDR (with a signed NRDR Participation Agreement) the following reporting fees will apply (in addition to NRDR participation fees):

- ACR Member rate: $199 per physician per year
- Non-Member rate: $499 per physician per year

See our NRDR Registration Process and Fees.

Now that you have begun submitting your data, you will receive an email from NRDR staff notifying you of payment due for the PQRS reporting fee. All payments can be made by check or credit card. Total payments are due by February 19, 2017. See invoice emailed to the physician.
To complete payment for the PQRS reporting fee, access NRDR using your Physician User information created during the enrollment process for PQRS. Select Physician User as the user type and enter your password. Lastly, select ‘Online Payment for Physicians’ to provide payment information.

Note: If payment is not received by the deadline your measure information will not be submitted to CMS.
## 4. Glossary

**ACR** – American College of Radiology.

**CMS** – Center for Medicare and Medicaid Services.

**Excel template** – Excel file containing all fields required for successful submission of PQRS measure data.

**Deleted by user** – The upload was cancelled by the user.

**Download log file** – Use this feature to review submitted measure data file via Excel to fix errors for successful submission.

**Load failure** – The file was successfully uploaded, but records from the file could not be added to the database.

**NRDR** – National Radiology Data Registry.

**Pending** – The file was successfully uploaded, but records from the file have not yet been added to the database.

**Physician User** – Your Facility Administrator, Registry Administrator or Facility User designated this person to submit PQRS measure data.

**PQRS** – Physician Quality Reporting System.

**QCDR** – Qualified Clinical Data Registry.

**Rejected** – The file could not be uploaded.

**Specifications** – PDF file of requirements for upload of PQRS measure data.

**Successful** – The file was successfully uploaded and records from the file were added to the database.

**TIN** – Tax Identification Number.