

## **REGISTRY REQUIREMENTS FOR SUBMISSION OF 2010 PQRI DATA ON BEHALF OF ELIGIBLE PROFESSIONALS**

The Tax Relief and Health Care Act of 2006 (TRHCA), enacted December 20, 2006 initially authorized the Physician Quality Reporting Initiative (PQRI). The Medicare Improvements for Patients and Providers Act of 2008 (MIPPA) made the PQRI program permanent. As required by the Medicare, Medicaid, SCHIP Extension Act (MMSEA), signed into law on December 29, 2007 (Pub. Law 110-173), the Centers for Medicare & Medicaid Services (CMS) established alternative criteria for satisfactorily reporting and alternative reporting periods for reporting measures groups and registry-based reporting. As part of this process, CMS will, in February and March 2011, accept quality measure results and numerator and denominator data for 2010 PQRI measures submitted by qualified registries on behalf of their participants. This will be an alternative that eligible professionals can choose in lieu of submitting PQRI data via claims. These submissions must relate to Medicare Physician Fee Schedule (MPFS) covered professional services furnished in one of two reporting periods in 2010: one reporting period will begin January 1, 2010, and one will start July 1, 2010. Both of the reporting periods will conclude December 31, 2010. All quality measure results and numerator and denominator data must be received in proper format by CMS by March 15, 2011 for consideration.

Eligible professionals whose 2010 PQRI quality measure information is successfully submitted by a registry and satisfies the applicable criteria for satisfactorily reporting for the January-December (full-year) reporting period OR the July-December (half-year) reporting period may earn an incentive payment equal to 2.0 percent of their total allowed charges for MPFS covered professional services furnished during the applicable 2010 reporting period. Successful submission requires that the quality measure results and numerator and denominator data being sent by the registry to CMS is in the specified format and includes all of the required information based on the reporting option selected by the eligible professional.

For a registry to qualify to submit information for 2010 PQRI measures on behalf of their eligible professionals (for services furnished in 2010), it must meet the requirements listed in the final rule with comment period:

- Have been in existence as of January 1, 2010.
- Have at least 25 participants.
- Not be owned or managed by an individual locally-owned single-specialty group (in other words, single-specialty practices with only one practice location or multiple locations within the same city OR solo practitioner practices would be prohibited from self-nominating to become a qualified PQRI registry).
- Be able to collect all needed data elements and calculate results for at least three measures in the 2010 PQRI program (according to the posted 2010 PQRI Quality Measure Specifications).
- Utilize PQRI measure specifications to calculate reporting and performance rates unless otherwise stated.
- Be able to calculate and submit measure-level reporting rates by National Provider Identifier (NPI)/Tax ID (TIN) level.
- Be able to calculate and submit, by TIN/NPI, a performance rate (the percentage of a defined population who receive a particular process of care or achieve a particular outcome) for each measure on which the TIN/NPI reports.
- Be able to calculate and submit, by TIN/NPI, a reporting rate (the percentage of patients that the eligible professional indicated a quality action was or was not performed divided by the total number of patients in the denominator of the measure).
- Be able to separate out and report on Medicare Fee-For-Service (FFS) (Part B) patients.
- Provide the registry name.
- Provide the reporting period start date (covers dates of services from).

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- Provide the reporting period end date (covers dates of services through).
- Provide the PQRI Measure numbers on which the registry is reporting.
- Provide the measure titles on which the registry is reporting).
- Report the number of eligible instances (reporting denominator).
- Report the number of instances of quality service performed (numerator).
- Report the number of performance exclusions.
- Report the number of reported instances, performance not met (eligible professional receives credit for reporting, not for performance).
- Provide a flow and XML of a measure's calculation process for each measure type that the registry intends to calculate.
- Be able to transmit this data in a CMS-approved XML format.
- Comply with a CMS-specified secure method for data submission, such as submitting data in an XML file through an Individuals Authorized Access to CMS Computer Services (IACS) user account
- If submitting individual measures for eligible professionals, be able to report data for a minimum of three measures for each TIN/NPI and report measure data on applicable Medicare Part B FFS patients seen by the eligible professional during the January 1, 2010 through December 31, 2010 reporting period or the July 1, 2010 through December 31, 2010 reporting period.
- Submit an applicable "validation strategy" to CMS by March 31, 2010. A validation strategy ascertains whether eligible professionals have submitted accurately and on at least the minimum number (80 percent) of their eligible patients, visits, procedures, or episodes for a given measure. Acceptable validation strategies often include such provisions as the registry being able to conduct random sampling of their participants' 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.
- Enter into and maintain with its participating professionals an appropriate Business Associate arrangement that provides for the registry's receipt of patient-specific data from eligible professionals, as well as the registry's disclosure of quality measure results and numerator and denominator data on behalf of eligible professionals who wish to participate in the PQRI program.
- Obtain and keep on file signed documentation that each holder of an NPI whose data are submitted to the registry has authorized the registry to submit quality measures results and numerator and denominator data to CMS for the purpose of PQRI participation. This documentation must be obtained at the time the eligible professional signs up with the registry and must meet any applicable laws, regulations, and contractual business associate agreements.
- Provide CMS access (if requested) to review the Medicare beneficiary data on which 2010 PQRI registry-based submissions are founded.
- Provide the reporting option (reporting period and reporting criteria) that the eligible professional has satisfied or chosen.
- Provide CMS a signed, written attestation statement via mail or email which states that the quality measure results and numerator and denominator data provided to CMS are accurate and complete.
- Provide at least one feedback report per year to participating eligible professionals.
- Participate in ongoing 2010 PQRI mandatory support conference calls hosted by CMS (approximately one call per month). Failure to attend more than one call per year will result in the removal of the registry from those registries that are "qualified" to report on behalf of eligible professionals for the reporting year (2010).

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In addition to the above, registries who wish to submit 2010 quality measures information on behalf of their participating eligible professionals using the measures groups option must be able to:

- Indicate the reporting period chosen for each eligible professional who chooses to submit data on measures groups.
- Base reported information on measure groups only on patients to whom services were furnished during the twelve- month measurement period (reporting period) of January through December 2010 or the six- month measurement period (reporting period) of July 2010 through December 2010.
- Agree that the registry's data may be inspected by CMS under our oversight authority, if non-Medicare patients are included in the patient sample.
- Be able to report data on all of the measures in a given measures group and on either 30 patients from January 1 through December 31, 2010 (note this patient sample must include some Medicare Part B FFS beneficiaries) or on 80 percent of applicable Medicare Part B FFS patients for each eligible professional (with a minimum of 15 patients) during the January 1, 2010 through December 31, 2010 reporting period OR on 80 percent of applicable Medicare Part B FFS patients for each eligible professional (with a minimum of eight patients) during the July 1, 2010 through December 31, 2010 reporting period.
- If reporting a measures group, provide the beginning date of service that initiates the patient count.
- Be able to report the number of Medicare Fee for Service (FFS) patients that are included in the patient sample for a given measure group.

**Registries who were not qualified for the 2009 PQRI**, but can meet the above requirements, and who wish to participate in the 2010 registry payment program should submit a self-nomination letter requesting inclusion in 2010. The letter should also include which 2010 PQRI measures the registry intends to submit on behalf of its participants and the reporting period(s) and method(s) the registry offers its participants. The letter should be sent to:

**2010 PQRI Registry Nomination  
Centers for Medicare & Medicaid Services  
Office of Clinical Standards and Quality  
Quality Measurement and Health Assessment Group  
7500 Security Boulevard  
Mail Stop S3-02-01  
Baltimore, MD 21244-1850**

The letter must be received no later than **5 p.m. on January 31, 2010**.

**Registries who participated in the 2009 program and were fully "qualified" to report PQRI in 2009 will not need to be "re-qualified" for 2010 unless they were unsuccessful in submitting their PQRI data for 2009** (that is, failed to submit their 2009 PQRI data and/or have their 2009 PQRI data successfully received by CMS per the 2009 PQRI registry requirements). However, the 2009 "qualified" registries that successfully submit data for 2009 PQRI that wish to continue to participate in 2010 should indicate their desire to continue participation for 2010 as well as their compliance with the 2010 PQRI registry requirements by submitting a letter indicating their continued interest in being a PQRI registry for 2010 and compliance with the

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2010 PQRI registry requirements. Send a self-nomination letter to the 2010 PQRI Registry Nomination address listed above by **January 31, 2010**.

**If a qualified 2009 registry is unsuccessful in submitting 2009 PQRI data** (that is, failed to successfully submit 2009 PQRI data per the 2009 PQRI registry requirements), **the registry will need to go through a full qualification process** similar to the qualification process that took place for the 2008 and 2009 PQRI and will take place for 2010 PQRI. Those registries must submit a self-nomination letter to the above address no later than March 31, 2009.

**New or Re-Qualifying registries** (“qualified” registries that were unsuccessful submitting their 2009 data) will be required to successfully submit a “test” file in XML format to our data warehouse by June 1, 2010. Failure to meet this milestone will preclude the registry from qualifying to participate in the 2010 PQRI payment program. The names of qualifying registries for 2010 will be posted on the CMS website in two phases. The initial list of qualified registries will be posted by December 31, 2009 and will contain registries that are “qualified” by virtue of successful reporting in 2008 and re-nominating their registry for 2010 participation. The complete list of qualified 2010 registries will be posted on or before July 31, 2010.

All of the information contained within this document will also apply to registries that would like to become qualified to report on the electronic prescribing measure for the 2010 E-Prescribing Incentive Program. Registries that want to report the 2010 Group Practice Reporting Option (GPRO) for the E-Prescribing Measure will also have to follow the requirements contained in this document. Any registry that wants to report on the electronic prescribing measure and/or the electronic prescribing measure for GPRO should indicate this in their self-nomination letter.