



**REGISTRY VENDOR CRITERIA FOR SUBMISSION
OF 2013 PHYSICIAN QUALITY REPORTING SYSTEM
(PQRS) DATA**

01/04/2013

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The Tax Relief and Health Care Act of 2006 (TRHCA), enacted December 20, 2006, initially authorized the Physician Quality Reporting System (formerly Physician Quality Reporting Initiative or PQRI). The Medicare Improvements for Patients and Providers Act of 2008 (MIPPA) made the Physician Quality Reporting System 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. A Registry Vendor is an entity that collects data from a source other than an electronic health record and transmits it in an aggregate form to CMS on behalf of an eligible professional or group practice.

In January and February 2014, CMS will accept quality measure results and numerator and denominator data for 2013 Physician Quality Reporting System (PQRS) measures submitted by Registry Vendors on behalf of their participants. This option is an alternative submission mechanism that eligible professionals and group practices can choose to submit PQRS data in lieu of submitting PQRS data via claims or Electronic Health Record (EHR) submission methods. These submissions must relate to Medicare Physician Fee Schedule (MPFS) Part B covered professional services furnished in one of two reporting periods in 2013: a 12-month reporting period beginning January 1, 2013 and a 6-month reporting period beginning July 1, 2013. Both of the reporting periods will conclude December 31, 2013. All quality measure results and numerator and denominator data must be received in proper format by CMS prior to February 28, 2014 for consideration.

Eligible professionals and group practices who satisfactorily report 2013 PQRS quality measure information through a Registry Vendor may earn a PQRS incentive payment equal to 0.5 percent of their total allowed charges for all MPFS covered professional services furnished during the applicable 2013 reporting period. Eligible professionals and group practices who satisfactorily report 2013 PQRS quality measure information through a Registry Vendor may avoid the prospective PQRS payment adjustment equal to 1.5 percent of their allowed charges for all MPFS covered professional services furnished during the 2015 reporting period.

For 2013, Registry Vendors are able to submit data on PQRS quality measures on behalf of eligible professionals and group practices to CMS. Prospective 2013 Registry Vendors who wish to participate in PQRS must complete (1) a self-nomination statement (2) must not collect data from an Electronic Health Record for any of the 51 EHR measures and (3) meet the criteria listed within this document.

Additional information on the Physician Quality Reporting System can be found on the Physician Quality Reporting System section of the CMS Web site at <http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/index.html?redirect=/PQRS>.

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Electronic Prescribing Incentive Program

The eRx Incentive Program is a reporting program that uses a combination of incentive payments and payment adjustments to encourage electronic prescribing by eligible professionals. The program provides an incentive payment to eligible professionals and group practices who successfully e-prescribe for covered MPFS services furnished to Medicare Part B Fee-for-Service (FFS) beneficiaries (including Railroad Retirement Board and Medicare as a Secondary Payer). In 2012, the program applied a payment adjustment to those eligible professionals who were not successful electronic prescribers on their Medicare Part B services.

Vendors participating as a 2013 Registry Vendor also have the opportunity to submit data for the Electronic Prescribing (eRx) Incentive Program. Registry Vendors who wish to submit data for the eRx Incentive Program must indicate such during the PQRS self-nomination process.

Additional information on the eRx Incentive Program can be found on the Electronic Prescribing (eRx) incentive Program section of the CMS Web site at <http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/ERxIncentive/index.html?redirect=/ERxIncentive/>.

Self-Nomination

Prospective 2013 Registry Vendors must submit a self-nomination statement via the Communication Support Page prior to 5:00 PM ET on **January 31, 2013**. The Communication Support Page is located at https://www.qualitynet.org/portal/server.pt/community/communications_support_system/234. It can also be accessed by selecting the Communication Support Page link within the Related Links section on the landing page of the PQRS portal at https://www.qualitynet.org/portal/server.pt/community/pqri_home/212. The self-nomination statement simply indicates to CMS an intent to participate as a Registry Vendor in PQRS.

Please note an IACS (Individuals Authorized Access to the CMS Computer Services) account is required to access the Communication Support Page. It is important to register for an IACS account as soon as possible. The IACS registration process can take 4-6 weeks. Vendors that have an existing IACS account for PQRS should log into the PQRS portal to verify that the account is active. Vendors can register for a new IACS account or update an existing account by navigating to the CMS Applications Portal located at the following link: <https://applications.cms.hhs.gov/>. For assistance with new and existing IACS accounts, please refer to the Quick Reference Guides that can be accessed by selecting the Quick Reference Guide link within the Physician and Other Health Care Professionals Quality Reporting Portal section on the landing page of the PQRS portal at https://www.qualitynet.org/portal/server.pt/community/pqri_home/212.

Prospective 2013 Registry Vendors experiencing difficulties in submitting a self-nomination statement should contact the QualityNet Help Desk for assistance. The QualityNet Help Desk can assist in submitting a self-

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nomination statement, as well as provide assistance in resolving any issues encountered when using the Communication Support Page. Contact information for the QualityNet Help Desk can be found at the end of this document.

Registry Vendor Criteria

To be considered a Registry Vendor for 2013 the Vendor must complete the Self-Nomination Statement process will include the vendor's agreement indicating the intent to adhere to the following criteria.

1. Criteria listed in Self-Nomination Statement

- Be in existence as of January 1 the year prior to the program year in which the registry seeks qualification (for example, January 1, 2013, to be able to submit data in 2014). In the Self-Nomination form, please provide the first year of your organization's existence.
- Have at least 25 participants by January 1 the year prior to the program year in which the registry seeks qualification (for example, January 1, 2012, to be able to submit for the reporting periods occurring in 2013). In the Self-Nomination form, provide the estimated number of individual Eligible Professionals that you will submit data on their behalf.
- Be able to separate out and report on Medicare Part B Fee-For-Service (FFS) patients for the individual measures reporting option that requires at least an 80% reporting rate. Be able to separate out and report on ≥ 20 applicable patients for a measures group (only a majority [11] must be Medicare Part B FFS Patients).
- Be able to collect all needed data elements and transmit to CMS the data at the Tax Identification Number (TIN)/National Provider Identifier (NPI) level for at least three individual measures or a measures group in the 2013 Physician Quality Reporting System (according to the posted 2013 Physician Quality Reporting Quality Measure Specifications).
- Be able to transmit data on PQRS quality measures in a CMS-approved XML format.
- Comply with a CMS-specified secure method for data submission, such as submitting the registry's data in an XML file through an identity management system specified by CMS.
- Participate in monthly PQRS Registry support conference calls hosted by CMS (approximately one call per month).
- Provide at least 1 feedback report to participating eligible professionals and group practices for each program year in which the registry submits data on PQRS quality measures on behalf of eligible professionals and group practices. This feedback reporting would be based on the data submitted by the registry to CMS for the applicable reporting period(s) occurring during the program year. Although CMS requires that Registry Vendors provide at least 1 feedback report to all participating eligible professionals and group practices, CMS encourages Registry Vendors to provide an additional, interim feedback report, if feasible, so that an eligible professional and group

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practices may determine what steps, if any, are needed to meet the criteria for satisfactory reporting and quality improvement.

- Submit an acceptable “validation strategy” to CMS by March 31 of the reporting year the registry seeks qualification (for example, if a registry wishes to participate for reporting in 2013, this validation strategy would be required to be submitted to CMS by **March 31, 2013**). A validation strategy details how the registry will determine whether eligible professionals and group practices 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 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.
- Registry Vendors must perform the validation outlined in the strategy as it will alleviate issues that may occur when submitting PQRS quality measures data to CMS. It is also important for vendors to undergo this testing process to ensure that they are able to submit quality measures data accurately to CMS for the applicable reporting period. CMS strongly encourages that vendors submit the results of this validation strategy to them by means of a Data Validation Execution Report.
- Enter into and maintain with participating professionals an appropriate Business Associate Agreement that provides for the Registry Vendor's receipt of patient-specific data from the eligible professionals and group practices, as well as the Registry Vendor's disclosure of patient-specific data on Medicare beneficiaries on behalf of eligible professionals and group practices who wish to participate in PQRS.
- Obtain and keep on file signed documentation that each holder of an NPI has authorized the Registry Vendor to submit PQRS data on Medicare beneficiaries to CMS for the purpose of PQRS participation. This documentation must be obtained at the time the eligible professional or group practice signs up with the Registry Vendor for purposes of PQRS participation and must meet any applicable laws, regulations, and contractual business associate agreements.
- Provide CMS access (upon request) to review the Medicare beneficiary data on which 2013 PQRS registry-based submissions are founded or provide to CMS a copy of the actual data.
- Provide CMS a signed, written attestation statement stating that the quality measure results and any and all data, including numerator and denominator data provided to CMS, are accurate and complete.
- Not be owned or managed by an individual, locally-owned, single-specialty group (for example, single-specialty practices with only 1 practice location or solo practitioner practices would be precluded from becoming a Registry Vendor).
- Be able to calculate and submit measure-level and measures groups reporting rates or, upon request, the data elements needed at the TIN/NPI level for the individual measures or measures

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group in the 2013 Physician Quality Reporting System (according to the posted 2013 Physician Quality Reporting Quality Measure Specifications).

- Be able to calculate and submit measure-level and measures groups reporting rates or, upon request, the data elements needed to calculate the reporting rates at the TIN/NPI level.
- Be able to calculate and submit by TIN/NPI for eligible professionals measure-level performance rate (that is, the percentage of a defined population who receive a particular process of care or achieve a particular outcome) based on a calculation of the measure's numerator and denominator specifications) for each measure or measures group on which the eligible professional (as identified by the TIN/NPI or group practice reports and/or, upon request, the Medicare beneficiary reports on the data elements needed to calculate the reporting rates.
- Use PQRS measure specifications (individual and measures groups) to calculate reporting rates and performance rates, unless otherwise agreed to by CMS.
- CMS will distribute Individual Measure Use Cases and Measures Group Use Cases with answer rationales based on the 2013 Individual Measure Specifications and the 2013 Measures Group Specifications. CMS highly recommends that Registry Vendors review the 2013 Measures Specifications Manual (Individual Measures and/or Measures Group), as well as the Use Cases, as it will alleviate issues that may occur when collecting and calculating the clinical quality data. These Use Cases will help vendors understand the logic of each of the individual measures and/or measures groups that they intend to submit.
- All quality measure results and numerator and denominator data must be received in proper format by CMS prior to February 28, 2014 for consideration.

2. The additional criteria listed below are not included within the online Self-Nomination form. A Registry Vendor must include the following verbiage in the 'Additional CMS Requirements' field to indicate the vendors' intent to adhere to the criteria listed in Table #2 below.

'INSERT NAME OF VENDOR' acknowledges we will meet or comply with all of the criteria listed within Table #2 of the Registry Vendor Criteria for Submission of 2013 Physician Quality Reporting System (PQRS) Data document.

- Inform CMS of the cost for eligible professionals and group practices that the registry charges to submit PQRS (and eRx Incentive Program, if applicable) data to CMS.
- Agree to verify the information and qualifications for the registry prior to posting (includes names, contact, measures, cost, etc.) and furnish/support for all of the services listed for the registry on the CMS Website.
- Agree that the registry's data for Medicare beneficiaries may be inspected or a copy requested by CMS and provided to CMS.

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- For purposes of distributing feedback reports to its participating eligible professionals and group practices, the registry must collect each participant's e-mail address and have documentation authorizing the release of his or her e-mail address.
- Report the number of eligible instances (reporting denominator).
- Report the number of instances a quality service is performed (reporting/performance numerator).
- Report the number of performance exclusions, meaning the quality action was not performed for a valid reason as defined by the measure specification.
- Report the number of reported instances, performance not met, meaning the quality action was not performed for any valid reason as defined by the measure specification. Please note that an eligible professional receives credit for reporting, not performance.
- Indicate the reporting period.
- If the registry is reporting using the measures group option for 20 patients, the registry on behalf of the eligible professional may include non-identifiable data for non-Medicare beneficiaries as long as these patients meet the denominator of the measures group and the eligible professional includes ≥ 20 applicable patients for a measures group (only a majority [11] must be Medicare Part B FFS Patients).
- For individual measures, an eligible professional reporting via registry needs to report at least three measures with a reporting rate of $\geq 80\%$ AND a performance rate $> 0\%$ during a specified reporting period to be considered incentive eligible. For a measures group, an eligible professional reporting via registry needs to report all of the measures in the group (that are applicable to the population that is reported) for a minimum of 20 unique patients AND a performance rate $> 0\%$ for each applicable measure during a specified reporting period to be considered incentive eligible.

Prospective 2013 Registry Vendors have the opportunity to complete additional CMS sponsored measure testing and submission testing.

- CMS strongly encourages Registry Vendors to complete XML file testing.
 - The XML file testing was required from each vendor in previous program years. For the 2013 program years, CMS has made the XML file testing an optional task.
 - CMS highly recommends that Registry Vendors perform the XML file testing as it will help alleviate issues with the XML file format that may occur when submitted the production data. It is also important for vendors to understand what components are required in the XML file for production submission.

List of 2013 Registry Vendors

For the 2013 program year, CMS will post the 2013 List of Registry Vendors in the spring of 2013 on the CMS PQRS website.

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The List of Registry Vendors will include the vendor name, contact information, the programs and measures being supported, participation status for prior program years and participation in the Electronic Prescribing (eRx) Incentive program. CMS is requiring that Registry Vendors disclose cost information for the services they provide to clients for the 2013 program year and will include the information in the List of Registry Vendors.

Registry Audit and Disqualification Process

CMS has finalized a Registry Audit and Disqualification Process. This process gives CMS the ability to audit Registry vendors. A Registry Vendor may be disqualified if CMS finds that a registry has submitted grossly inaccurate data.

- If CMS finds that a registry has submitted grossly inaccurate data, the data submitted by the registry will be disregarded. For example, if a registry submits grossly inaccurate data to CMS in 2014 for reporting periods occurring in 2013, the data submitted by the registry on behalf of its eligible professionals and group practices for reporting periods occurring in 2013 will not be accepted by CMS.
- If CMS finds that a registry has submitted grossly inaccurate data, the registry will be precluded for participation in future program years. For example, if a Registry submits quality measures data for the reporting periods occurring in 2013 but is then audited and later disqualified, the registry would not be allowed to submit PQRS quality measures data on behalf of participating eligible professionals and group practices to CMS for the reporting periods occurring in 2014 or later.
- If CMS finds that a registry has submitted grossly inaccurate data, a disqualified registry would be removed from the next program year's List of Registry Vendors and would not be eligible to be included in the list of Registry Vendors that is posted for future program years.

Please note that should CMS decide to disqualify a registry vendor, the decision to disqualify is final.

Help Desk Support

Questions regarding any of the information contained in this document can be submitted to the QualityNet Help Desk.

QualityNet Help Desk:

Available: Monday – Friday; 7:00 AM–7:00 PM CT

Phone: 1-866-288-8912

TTY: 1-877-715-6222

Email: Qnetsupport@sdps.org