



**2015 PHYSICIAN QUALITY REPORTING SYSTEM (PQRS):
QUALIFIED REGISTRY CRITERIA**

12/31/2014

Physician Quality Reporting System

Physician Quality Reporting System (PQRS) is a quality reporting program that uses payment adjustments to encourage reporting of quality information by individual eligible professionals (EPs) and group practices participating via the Group Practice Reporting Option (GPRO). The last year to receive an incentive was 2014. A qualified registry is one of the reporting mechanisms available within PQRS. A qualified registry is a medical registry or a maintenance of certification program operated by a specialty body of the American Board of Medical Specialties that, with respect to a particular program year, has self-nominated and successfully completed a vetting process (as specified by CMS) to demonstrate its compliance with the PQRS qualification criteria specified by CMS for that program year. A traditional “qualified registry” currently performs the collection and submission of PQRS quality measures data on behalf of EPs and group practices participating via GPRO for purposes of satisfactorily reporting. EPs and group practices participating via GPRO who satisfactorily participate in PQRS through a qualified registry may avoid the 2017 PQRS payment adjustment (-2.0%).

Additional information on the PQRS can be found on the [Physician Quality Reporting System](#) section of the CMS Web site

Value-based Payment Modifier

The Value-based Payment Modifier (VM) provides for differential payment to a physician or group of physicians under the Medicare Physician Fee Schedule (MPFS) based upon the quality of care furnished compared to cost during a performance period. The 2017 VM (based on 2015 reporting) will apply to solo practitioners and groups of physicians with two or more EPs.

Additional information regarding VM can be found on the [Value-based Payment Modifier](#) section of the CMS website.

Qualified Registry Criteria

The requirements and associated timelines to become a qualified registry for the 2015 program year are listed below. Entities must complete all of the requirements by the due dates listed below in order to become a qualified registry.

January 31, 2015

1. Self-Nomination for PQRS

By **January 31, 2015**, prospective qualified registries must submit a self-nomination statement indicating intent to participate in PQRS as a qualified registry. The self-nomination statement must contain the following information:

- The name of the entity seeking to become a qualified registry.
- The entity’s contact information, including phone number, email, and mailing address.
- A point of contact, including the contact’s email address and phone number, for which to notify the entity the status of its request to be considered a qualified registry.
- The entity must attest that they meet all of the following qualified registry criteria:
 - Be in existence as of **January 1, 2014**, to be eligible to participate for purposes of data collected in 2015.
 - Have at least 25 participants by **January 1, 2014**, to be eligible to participate under the program with regard to data collected in 2015.
 - 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 qualified registry vendor).

- Participate in PQRS qualified registry support conference calls hosted by CMS.
- Enter into and maintain with participating professionals an appropriate Business Associate Agreement that provides for the qualified registry's receipt of patient-specific data from the EPs and group practices participating via GPRO, as well as the qualified registry's disclosure of patient-specific data on Medicare beneficiaries on behalf of EPs and group practices participating via GPRO who wish to participate in PQRS.
- Obtain and keep on file signed documentation that each holder of an NPI has authorized the qualified registry to submit PQRS data on Medicare beneficiaries to CMS for the purpose of PQRS participation. This documentation must be obtained at the time the EP or group practices participating via GPRO signs up with the qualified registry for purposes of PQRS participation and must meet any applicable laws, regulations, and contractual business associate agreements.
- 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.
- Use 2015 PQRS measure specifications (individual and/or measures groups) to calculate reporting rates and performance rates, unless otherwise agreed to by CMS.
- Be able to separate out and report on Medicare Part B Fee-For-Service (FFS) patients.
- Be able to collect all needed data elements for at least nine individual measures covering at least 3 of the National Quality Strategy (NQS) domains or a measures group.
- Be able to collect all needed data elements for at least one cross-cutting measure if the EP sees one Medicare patient in a face-to-face encounter.
- Each Measure must be reported for at least 50% of the EPs Medicare Part B FFS patients seen during the reporting period to which the measure applies.
- Be able to transmit data in a CMS-approved XML format.
- Provide CMS access (upon request) to review the Medicare beneficiary data on which 2015 PQRS registry-based submissions are founded or provide to CMS a copy of the actual data.

2. Measure Information

By **January 31, 2015**, prospective qualified registries must submit measure information indicating which measures (individual measures and measures groups) they intend to support for PY 2015. The measure information must contain the following information:

- The measure number and measure title for each measure the qualified registry would be able to report for PQRS.
- The measures group title for each measure group the qualified registry would be able to report for PQRS.

3. Where to Send the Self-Nomination Statements

Self-nomination statements and measure information must be sent via e-mail to the QualityNet Help Desk at Qnetsupport@hccjis.org by **5:00 PM ET on January 31, 2015**. The e-mail subject should be *PY2015 PQRS Qualified Registry Self-Nomination* or *PY2015 PQRS Qualified Registry Measure Information*. A sample self-nomination statement can be found in [Appendix 1](#).

March 31, 2015

1. Validation Strategy

Submit an acceptable "validation strategy" to CMS by **5:00 PM ET on March 31, 2015**. A validation strategy details how the qualified registry will determine whether EPs and group practices participating via GPRO

have submitted 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 qualified 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.

2. Where to Send the Validation Strategy

The validation strategy must be sent via e-mail to the QualityNet Help Desk at Qnetsupport@hcqis.org by **5:00 PM EST on March 31, 2015**. The e-mail subject should be *PY2015 Qualified Registry Validation Strategy*.

Spring 2015

1. Test Submission

In **fall 2015**, qualified registries have the opportunity to complete CMS-sponsored submission testing. CMS strongly encourages that qualified registries perform the file testing for the aggregate XML file as it will help qualified registries to understand what components are required and alleviate issues with the file format and submission that may occur when submitting the quality measure data.

- The 2015 Qualified Registry XML Specifications will be posted on the [Qualified Registry Reporting](#) page of the PQRS website in early 2015.

May 30, 2015

1. Qualified Registry Posting

By **May 30, 2015**, CMS will post a finalized list of qualified registries on the [Registry Reporting page](#) of the CMS PQRS website. A conditionally qualified list of registry vendors will be posted by March 31, 2015. The qualified registry posting includes the vendor name, contact information, the programs being supported, measures being supported, and cost information for the services they provide to clients. Prior to posting, the registry must:

- Verify the information and qualifications for the qualified registry prior to posting (includes names, contact, measures, cost, etc.) and furnish/support for all of the services listed for the qualified registry on the CMS Website.
- Inform CMS of the cost the qualified registry charges to submit PQRS data to CMS.

December 31, 2015

1. Feedback Reports

By **December 31, 2015**, qualified registries must have provided feedback, at least two times, on the measures at the participant level for which the qualified registry reports on the EP's or group practice's behalf for purposes of the satisfactory reporting in the qualified registry.

- Qualified registries may have feedback reports that are readily available via the web or other communication mechanism that allows EPs to generate reports on demand in order to fulfill this requirement.

March 31, 2016

1. Data Submission

By **March 31, 2016**, qualified registries must submit the quality measure data in the proper format to CMS on behalf of their participants. In order to submit data, qualified registries must:

- Be able to collect all needed data elements to calculate and transmit quality measure data to CMS at the **TIN/NPI** level for at least 9 individual measures covering at least 3 of the NQS domains for submission of data on behalf of **EPs**. Of the measures reported, if the EP sees one Medicare patient in a face-to-face encounter, the EP must report on one cross-cutting measure.
- Be able to collect all needed data elements to calculate and transmit quality measure data to CMS at the **TIN/NPI** level for at least one measures group.
- Be able to collect all needed data elements to calculate and transmit quality measure data to CMS at the **TIN** level for at least 9 individual measures covering at least 3 of the NQS domains for submission of data on behalf of **group practices participating via GPRO**. Of the measures reported, if the group practice sees one Medicare patient in a face-to-face encounter, the group practice must report on one cross-cutting measure.
- Be able to calculate and submit reporting rates or, upon request, the data elements needed to calculate the reporting rates.
- Be able to calculate and submit performance rates or, upon request, the data elements needed to calculate the performance rates.
- Indicate the reporting period.
- Indicate the number of eligible instances (reporting denominator).
- Indicate the number of instances a quality service is performed (performance met/performance numerator).
- Indicate the number of instances a quality action was not performed for a valid reason as defined by the measure specification (performance exclusion).
- Indicate the number of instances a quality action was not performed for a valid reason as defined by the measure specification (performance not met). Please note that an EP receives credit for reporting, not performance.
- Indicate the EP's or group practice's e-mail address and have documentation authorizing the release of the e-mail address for purposes of distributing feedback reports to its participating EPs and group practices participating via GPRO.
- Comply with a CMS-specified secure method for data submission, such as submitting the qualified registry's data in an XML file through an identity management system specified by CMS.

2. Qualified Registry Audit and Disqualification Process

After data submission concludes, CMS will analyze the data submitted by qualified registries. If inaccurate data is found, CMS has the ability to audit and disqualify qualified registries. A disqualified registry will not be allowed to submit quality measures data on behalf of its EPs or group practices participating via GPRO for purposes of meeting the criteria for satisfactory reporting for the following year. A disqualified entity must become re-qualified as a registry before it may submit quality measures data on behalf of its EPs or group practices participating via GPRO s for purposes of the participants meeting the criteria for satisfactory reporting under PQRS. In addition, inaccurate data collected will be discounted for purposes of an EP or group practice participating via GPRO meeting the criteria for satisfactory reporting through a qualified registry.

June 30, 2016

1. Data Validation Execution Report

By **June 30, 2016**, qualified registries must perform the validation outlined in the validation strategy and send evidence of successful results to CMS for data collected in the reporting periods occurring in 2015.

2. Where to Send the Data Validation Execution Report

The data validation execution report must be sent via e-mail to the QualityNet Help Desk at Qnetsupport@hccjis.org by **5:00 PM ET on June 30, 2016**. The e-mail subject should be *PY2015 Qualified Registry Data Validation Execution Report*.

Late 2016

1. Public Reporting on Physician Compare

CMS will publicly report measures reported via qualified registry if the measure is deemed statistically valid, reliable and meet the minimum patient threshold of 20. Although all qualified registry measures are available for public reporting on Physician Compare, not all measures will be included on group or individual EP profile pages. Only those measures that meet all public reporting criteria and resonate with consumers will be included.

Help Desk Support

Questions regarding any of the information contained in this document can be directed to the 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@hccjis.org

Appendix 1: Sample Self-Nomination Statement

NOTE - This is a sample Self Nomination Letter. As with all documents of this nature, legal counsel review before use would be prudent. No additional information (e.g., Validation Plans, Attestation Statements) should be included in the Self Nomination Letter.

E-mail Subject: *PY2015 PQRS Qualified Registry Self-Nomination*

ABC Registry
123 Registry Avenue
Sample, MD 12345
Tel: 123-456-7890
Email: abcregistry@abcregistry.org
January 15, 2015¹

Dear PQRS Nomination Committee,

Please accept this submission as the Self Nomination of ABC Registry² for possible inclusion in the 2015 Physician Quality Reporting System (PQRS) Qualified Registry reporting mechanism. The ABC Registry hereby attests that we meet all of the detailed requirements listed in the 2015 Medicare Physician Fee Schedule Final Rule and the 2015 Physician Quality Reporting System: Qualified Registry Data Submission Criteria document that is posted on the Registry Reporting webpage on the CMS PQRS website.

ABC Registry collects data utilizing a collaboration of a practice management system and a web-based tool.³ ABC Registry intends to submit clinical quality measure data for PQRS on behalf of their eligible professionals and group practices participating via GPRO⁴ for the 2015 reporting period starting on January 1, 2015 and ending on December 31, 2015⁵.

Please address any questions to our program representative Jon Doe (123-456-7891 / jdoe@abcregistry.org), our clinical representative Susie Nurse (123-456-7892 / snurse@abcregistry.org), and our technical representative Dan Jones (123-456-7893 / djones@abcregistry.org)⁶.

Thanks

Joe Smith

Joe Smith

ABC Qualified Registry

¹ Letter must be received no later than **5 PM ET on January 31, 2015**.

² Specify your Sponsoring Organization name and Registry name if the two are different.

³ Specify your data collection method (e.g., EHR, practice management system, web-based tool).

⁴ Specify whether you intend to submit on behalf of EPs and/or group practices participating via GPRO.

⁵ Specify the program year and the reporting period start and end date.

⁶ Specify the appropriate individuals to contact when beginning the qualification processes. Provide a phone and an email address for a program, clinical, and technical representative. A minimum of two representatives need to be provided.