

REGISTRY REQUIREMENTS FOR SUBMISSION OF 2009 PQRI DATA ON BEHALF OF ELIGIBLE PROFESSIONALS

The Medicare, Medicaid, SCHIP Extension Act (MMSEA), signed into law on December 29, 2007 (Pub. Law 110-173), requires the Centers for Medicare & Medicaid Services (CMS) to establish, for 2008 and 2009, alternative criteria for satisfactorily reporting and alternative reporting periods for reporting measure groups and registry-based reporting. As part of this process, CMS will, in January and February 2010, accept quality measure results and numerator and denominator data on 2009 Physician Quality Reporting Initiative (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 2009: one reporting period will begin January 1, 2009, and one will start July 1, 2009. Both of the reporting periods will conclude December 31, 2009. All quality measure results and numerator and denominator data must be received in proper format by CMS by February 28, 2010 for consideration.

Eligible professionals whose 2009 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 2009 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 on 2009 PQRI measures on behalf of their eligible professionals (for services furnished in 2009), it must:

- Have been in existence as of January 1, 2009
- Be able to collect all needed data elements and calculate results for at least three measures in the 2009 PQRI program (according to the posted 2009 PQRI Quality Measure Specifications)
- 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 measure-level performance rates by NPI/TIN.
- Be able to separate out and report on Medicare Fee-For-Service (FFS) (Part B) patients only when submitting reporting options requiring the inclusion of a minimum of 80 percent of patients seen during the reporting period
- Provide the registry name
- Provide the reporting period start date (covers dates of services from)
- 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 (eligible professional receives credit for reporting, excluded from performance denominator)
- Report the number of reported instances, performance not met (eligible professional receives credit for reporting, not for performance)
- Be able to transmit this data in a CMS-approved XML format
- Comply with a secure method for data submission
- If submitting individual measures for eligible professionals, be able to report data for a minimum of 3 measures for each TIN/NPI and report measure data on a minimum of 80

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percent of applicable Medicare Part B FFS patients seen by the eligible professional during the January 1, 2009 through December 31, 2009 reporting period or the July 1, 2009 through December 31, 2009 reporting period.

- Submit an applicable “validation strategy” to CMS by March 31, 2009. 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 legal 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 NPI whose data is 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 meet the standards of applicable law, regulations, and contractual or business associate agreements.
- Provide CMS access (if requested) to review the Medicare beneficiary data on which 2009 PQRI registry-based submissions are founded.
- Provide the reporting option(s) (reporting period and reporting criteria) that the eligible professional has satisfied or chosen.
- Registries must provide CMS an “attestation statement” which states that the quality measure results and numerator and denominator data provided to CMS are accurate and complete.

In addition to the above, registries who wish to submit 2009 quality measures information on behalf of their participating eligible professionals using the measures groups option must be able to:

- Indicate whether each eligible professional within the registry who wishes to submit PQRI using the measure groups will be doing so for the six- or twelve-month period.
- Base reporting information on patients to whom services were furnished during the twelve-month measurement period (reporting period) of January through December 2009 or the six-month measurement period (reporting period) of July 2009 through December 2009.
- Agree that the registry’s data may be inspected by CMS, under our health oversight authority, if non-Medicare patients are included in the consecutive patient group.
- If submitting measures groups, be able to report data on all of the measures in a given measures group and on either 30 consecutive patients from January 1 through December 31, 2009 (note this consecutive patient count must include some Medicare Part B FFS beneficiaries) or on 80 percent of applicable Part B FFS patients for each eligible professional (with a minimum of 30 patients) during the January 1, 2009 through December 31, 2009 reporting period OR on 80 percent of applicable Part B FFS patients for each eligible professional (with a minimum of 15 patients) during the July 1, 2009 through December 31, 2009 reporting period.
- If reporting consecutive patients, provide the beginning date of service that initiates the count of 30 consecutive patients.
- Be able to report the number of Medicare Fee for Service (FFS) patients and the number of Medicare Advantage patients included in the consecutive patients reported for a given measure group.

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In connection with submission of measures results and numerator and denominator data for each eligible professional, registries must meet all requirements stated in the “2008 PQRI: Establishment of Alternative Reporting Periods and Reporting Criteria” (except where noted in this document), download which is posted on the CMS PQRI website and developed to comply with the MMSEA statute.

Registries who were not qualified for the 2008 PQRI, but can meet the above requirements, and who wish to participate in the 2009 registry payment program should submit a self-nomination letter requesting inclusion in 2009. The letter should also include which 2009 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:

**2009 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, 2009**.

Registries who participated in the 2008 program and were fully “qualified” to report PQRI in 2008 **will not need to be “re-qualified” for 2009 unless they were unsuccessful in submitting their PQRI data for 2008** (that is, fail to submit 2008 PQRI data per the 2008 PQRI registry requirements). However, the 2008 “qualified” registries that successfully submit data for 2008 PQRI that wish to continue to participate in 2009 should indicate their desire to continue participation for 2009 as well as their compliance with the 2009 PQRI registry requirements by submitting a letter indicating their continued interest in being a PQRI registry for 2009 and compliance with the 2009 PQRI registry requirements. Send a self-nomination letter to the 2009 PQRI Registry Nomination address listed above by **March 31, 2009**.

If a qualified 2008 registry is unsuccessful in submitting 2008 PQRI data (that is, failed to successfully submit 2008 PQRI data per the 2008 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 PQRI and will take place for 2009 PQRI. Those registries must submit a self-nomination letter to the above address no later than March 31, 2009.

New or requalifying (“qualified” registries who were unsuccessful submitting their 2008 data) registries will be required to successfully submit a “test” file in XML format to our data warehouse by July 1, 2009. Failure to meet this milestone will preclude the registry from qualifying to participate in the 2009 PQRI payment program. The names of qualifying registries for 2009 will be posted on the CMS website by July 31, 2009.