

**REGISTRY REQUIREMENTS TO QUALIFY AS AN ACCEPTABLE REGISTRY FOR
SUBMISSION OF PQRI DATA ON BEHALF OF ELIGIBLE PROFESSIONALS
SEEKING PAYMENT IN 2008**

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 measures groups and registry-based reporting. As part of this process, CMS will, in January and February 2009, accept quality measure results and numerator and denominator data on 2008 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 2008: one reporting period will begin January 1, 2008, and one will start July 1, 2008. Both of the reporting periods will conclude December 31, 2008. All quality measure results and numerator and denominator data must be received in proper format by CMS by February 28, 2009 for consideration. Eligible professionals whose quality measure results and numerator and denominator data are successfully submitted on their behalf by a registry and who have satisfied the applicable criteria for satisfactorily reporting for either the January-December or July-December reporting period, as described in the “2008 PQRI: Establishment of Alternative Reporting Periods and Reporting Criteria” document (that can be found at <http://www.hhs.gov/PQRI>) may earn an incentive payment equal to 1.5% of their total allowed charges for MPFS covered professional services furnished during the applicable reporting period. Eligible professionals whose 2008 PQRI information is successfully submitted by a registry and satisfies the applicable criteria for satisfactorily reporting for the January-December (full-year) period may earn an incentive payment equal to 1.5% of their total allowed charges for MPFS covered professional services furnished during the full 2008 calendar year. Eligible professionals whose 2008 PQRI information is successfully submitted by a registry and meets the applicable criteria for satisfactorily reporting during the July-December (half-year) period may earn an incentive payment equal to 1.5% of their total allowed charges for MPFS covered professional services furnished during that second half of the 2008 calendar year. 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 2008 PQRI measures on behalf of their eligible professionals (for services furnished in 2008), it must:

- Have been in existence as of January 1, 2008.
- Be able to collect all needed data elements and calculate results for at least three measures in the 2008 PQRI program (according to the posted 2008 PQRI Measure Specifications).
- Be able to calculate and submit measure-level reporting rates by NPI/TIN
- Be able to calculate and submit measure-level performance rates by NPI/TIN

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- Be able to separate out and report on Medicare Fee For Service (Part B) patients only*
- 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 #s
- Provide the measure titles
- 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)
- Be able to transmit this data in a CMS-approved XML format
- Have a QualityNet account for data submission.
- Submit a “validation strategy” to CMS by May 31, 2008. A validation strategy ascertains whether eligible professionals have submitted accurately and on the required consecutive sample or on at least the minimum number (80%) 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 verifying the accuracy of data content and completeness of reporting or adherence to a required sampling method.
- Be able to include in its overall submission whether the results for each NPI are validated by the registry.
- Enter into and maintain with its participating professionals an appropriate legal arrangement that provides for the registry's receipt of patient-specific data from the 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 2008 PQRI registry-based submissions are founded.
- Provide the reporting option (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 that wish to submit 2008 quality measures information on behalf of their participating eligible professionals seeking a 2008 PQRI incentive payment based on satisfying the criteria applicable to reporting of measures groups must be able to:

2 **REGISTRY REQUIREMENTS TO QUALIFY AS AN ACCEPTABLE
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- 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
- Include only patients who were cared for during the twelve month measurement period (reporting period) of January through December 2008 or the six month measurement period (reporting period) of July 2008 through December 2008.
- Agree that the registry’s data may be inspected by CMS if non-Medicare patients are included in the consecutive patient group.
- Be able to report on all of the measures in a given measure group and on either 15 consecutive patients from July 1-December 31, 2008 or 30 consecutive patients from January 1-December 31, 2008 (note this consecutive patient count must include some Medicare beneficiaries).
- If reporting consecutive patients, provide the beginning date of service that initiates the count of 15 or 30 consecutive patients.
- Be able to report the number of Medicare Fee for Service patients and the number of Medicare Advantage patients that are included in the consecutive patients reported for a given measure group.

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”, document which is posted on the CMS PQRI website and developed to comply with the MMSEA statute.

Registries that wish to participate in the 2008 registry payment program should submit a self-nomination letter requesting inclusion in 2008 (this includes registries currently involved in our testing program). The letter should also include which 2008 PQRI measures the registry intends to submit on behalf of its participants. The letter should be sent to:

PQRI Registry Self-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

The letter must be received no later than 5 p.m. on May 31, 2008.

Registries participating in the 2008 testing process (as described in the Final Physician Fee Schedule 2008) will need to submit a new self nomination specific to this new process in order to receive consideration for potential qualification to submit on behalf of eligible professionals seeking incentive payments under the new options applicable to registry-based submission for 2008.

Interested registries will be required to successfully submit a “test” file in XML format to our data warehouse by August 1, 2008. Failure to meet either of these milestones will preclude the registry from qualifying to participate in the PQRI 2008 payment program. CMS will post on the CMS website by August 31, 2008, the names of those registries that qualify.

*Assumes the registry will not be using the measure grouping option.