

2012 Physician Quality Reporting System: Registry Reporting Made Simple

Background

The Physician Quality Reporting System (Physician Quality Reporting) is a voluntary reporting program. The program provides an incentive payment to practices with eligible professionals (identified on claims by their individual National Provider Identifier [NPI] and Tax Identification Number [TIN]) who satisfactorily report data on quality measures for covered Physician Fee Schedule (PFS) services furnished to **Medicare Part B Fee-for-Service (FFS) beneficiaries** (including Railroad Retirement Board and Medicare Secondary Payer).

Each eligible professional must satisfactorily report on at least 80 percent of eligible instances or report on a 30 patient sample (if reporting measures groups) to qualify for the incentive.

Purpose

This document describes registry-based reporting and outlines steps that eligible professionals or practices should take in selecting a registry to work with for the 2012 program year.

How to Get Started

STEP 1: Determine if you are eligible to participate.

A list of eligible professionals who are able to participate is available on the Physician Quality Reporting web page at <http://www.cms.gov/PQRS>.

STEP 2: Decide if you will report individual measures or measures groups.

Review the *2012 Physician Quality Reporting System Measures List* at http://www.cms.gov/PQRS/15_MeasuresCodes.asp and determine which measures or measures group(s) may apply to your practice and are reportable via registry.

Individual Measures

- For measure details, reference the *2012 Physician Quality Reporting System Measure Specifications Manual for Claims and Registry* under the *Downloads* section of the *Measures Codes* page on the CMS website at http://www.cms.gov/PQRS/15_MeasuresCodes.asp. Please note that not all individual measures are available via claims-based reporting.
- Choose at least three applicable measures for submission that will impact clinical quality within the practice.

*Individual measures with a 0% performance rate will **not** be counted as satisfactorily reporting. The recommended clinical quality action must be performed on at least one patient for each individual measure reported. When a lower rate indicates better performance, such as Measure #1, a 0% performance rate will be counted as satisfactorily reporting (100% performance rate would not be considered satisfactorily reporting). Performance exclusion quality-data codes are not counted in the performance denominator. If the registry submits all performance exclusion quality data codes, the performance rate would be 0/0 (null) and the measure would be considered satisfactorily reported.*

Measures Groups

- Reference the *2012 Measures Groups Specifications* at http://www.cms.gov/PQRS/15_MeasuresCodes.asp for measures group specifics. Measures groups specifications are different from those of the individual measures that form the group. Therefore, the specifications and instructions for measures group reporting are provided in a separate manual.
- Choose at least one measures group for submission to qualify for an incentive payment.
- Review *Getting Started with 2012 Physician Quality Reporting of Measures Groups* at http://www.cms.gov/PQRS/15_MeasuresCodes.asp. This document outlines the different options for reporting measures groups and serves as a guide to implementing the 2012 Physician Quality Reporting System measures groups.

If a measure within a measures group is not applicable to a patient, the patient would not be counted in the performance denominator for that measure (e.g., Preventive Care Measures Group - Measure #39: Screening or Therapy for Osteoporosis for Women would not be applicable to male patients according to the patient sample criteria). If the measure is not applicable for all patients within the sample, the performance rate would be 0/0 (null) and the measure would be considered satisfactorily reported. Performance exclusion quality-data codes are not counted in the performance denominator. If the registry submits all performance exclusion quality data codes, the performance rate would be 0/0 (null) and the measure would be considered satisfactorily reported.

STEP 3: Choose your registry.

Once you have selected the measures you would like to report on, review the list of registries qualified to report 2012 Physician Quality Reporting System Measures. This list will be made available mid-2012 on the Alternative Reporting Mechanisms section on the CMS website at http://www.cms.gov/PQRS/20_AlternativeReportingMechanisms.asp.

The list of qualified registries includes:

- Registry name
- Registry contact information
- A list of the measures and/or measures group for which the registry is qualified to submit
- Cost information

The registry posting will be updated at the end of the following phases:

- Phase 1 – After successful submissions in a prior Physician Quality Reporting System program year
- Phase 2 – After receipt of the registry's intent to submit data to the Physician Quality Reporting System
- Phase 3 – After success with completing the Physician Quality Reporting System registry requirements as indicated by CMS' vetting process

After you have selected your registry

Once you have selected a registry, you will be required to enter into and maintain an appropriate legal agreement. Such arrangements provide for the registry's receipt of the patient-specific data and allow the registry's disclosure quality measure data on behalf of CMS.

Note: It is important that you provide the correct Tax Identification Number/National Provider Identifier (TIN/NPI) combination to your registry for incentive payment purposes. Below are some tips to help ensure you are submitting the correct information:

- Report the TIN and NPI to which Medicare Part B charges are billed
- CMS analyzes Physician Quality Reporting data strictly per the Federal Tax ID shown on the Part B claims you are submitting (if submitting via registry using claims data). On the CMS-1500 paper form, that is field 25 where you enter a nine-digit number and then check whether it is a Social Security Number (SSN) or Employee ID Number (EIN).
- Use your *individual* rendering NPI, not the group NPI. The individual or rendering provider ID field is 24J on a paper claim

Registries have a limited timeframe to correct invalid TIN/NPI submissions. If CMS does not receive correct TIN/NPI information, you will not be able to receive incentive payment, even if you report satisfactorily.

STEP 4: Work directly with your registry.

Your registry will provide you with specific instructions on how to submit data for the selected measures or measures group on which you choose to report. You will work directly with your registry to ensure data is submitted appropriately for incentive purposes.

Additional Information

- For more information on reporting via registry, go to http://www.cms.gov/PQRS/20_AlternativeReportingMechanisms.asp
- For more information on what's new for 2012 Physician Quality Reporting, go to http://www.cms.gov/PQRS/30_EducationalResources.asp on the CMS website.
- To find answer to frequently asked questions, go to <https://questions.cms.hhs.gov/app/home>.