

**REGISTRY REQUIREMENTS FOR SUBMISSION  
OF 2012 PHYSICIAN QUALITY REPORTING SYSTEM DATA  
ON BEHALF OF ELIGIBLE PROFESSIONALS**

## **Background**

The Tax Relief and Health Care Act of 2006 (TRHCA), enacted December 20, 2006, initially authorized the Physician Quality Reporting System (Physician Quality Reporting, formerly Physician Quality Reporting Initiative or PQRI). The Medicare Improvements for Patients and Providers Act of 2008 (MIPPA) made the Physician Quality Reporting program 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. As part of this process, CMS will, in February and March 2013, accept quality measure results and numerator and denominator data for 2012 Physician Quality Reporting measures submitted by qualified registries on behalf of their participants. This will be an alternative that eligible professionals can choose in lieu of submitting Physician Quality Reporting data via claims or EHR submission methods. These submissions must relate to Medicare Physician Fee Schedule (MPFS) covered professional services furnished in one of two reporting periods in 2012: a 12-month reporting period beginning January 1, 2012, and a six-month reporting period beginning July 1, 2012. Both of the reporting periods will conclude December 31, 2012. All quality measure results and numerator and denominator data must be received in proper format by CMS by March 31, 2013 for consideration. Registries are no longer permitted to include non-Medicare patients for reporting.

Eligible professionals whose 2012 Physician Quality Reporting quality measure information is successfully submitted by a CMS qualified registry and who satisfy 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 0.5 percent of their total allowed charges for all MPFS covered professional services furnished during the applicable 2012 reporting period. Successful submission requires that the quality measure results and numerator and denominator data be sent by the registry to CMS in the specified format and include all of the required information based on the reporting option (i.e. Individual measures, measures groups and reporting period) selected by the eligible professional or CMS selected group practice.

Starting with the 2012 program year, registries are vendors submitting data from a source other than an EHR on behalf of eligible professionals that meet the requirements listed below. Vendors who obtain their data from an EHR will need to follow the requirements as outlined in the Requirements for EHR Data Submission Vendors, EHR Data Submission Vendors participating in the Medicare EHR Incentive Pilot for 2012 document. Organizations will need to decide whether they meet the criteria as a registry or EHR data submission vendor. If an organization desires to provide both registry and EHR data submission services, the separate vendor types must be operated under unique TINs.

## **Requirements**

To be considered a qualified registry for purposes of submitting individual quality measures and measures groups on behalf of eligible professionals or CMS selected group practices who choose this reporting mechanism, (both new and previously qualified) registries must:

- Have been in existence as of January 1, 2012
- Have at least 25 participants by January 1, 2012
- Provide at least one feedback report per year to participating eligible professionals
- Be able to collect an eligible professional's e-mail address and have documentation from the eligible professional authorizing the release of his or her e-mail address

- Not be owned or managed by an individual locally-owned single-specialty group, in other words, single-specialty practices with only one practice location or solo practitioner practices are prohibited from self-nominating to become a qualified Physician Quality Reporting registry
- Participate in on-going 2012 Physician Quality Reporting mandatory support conference calls hosted by CMS (approximately one call per month, including a potential in-person registry kick-off meeting to be held at CMS headquarters in Baltimore, MD. Registries who miss more than one meeting will be precluded from submitting Physician Quality Reporting data for the 2012 reporting year)
- 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 measures in the 2012 Physician Quality Reporting System (according to the posted 2012 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, a performance rate (that is, the percentage of a defined population who receive a particular process of care or achieve a particular outcome) for each measure or measures group on which the TIN/NPI reports or the data elements needed to calculate the reporting rates
- Be able to separate out and report on Medicare Fee-For-Service (FFS) Part B patients only
- Provide the name of the registry
- Provide the reporting period start date the registry will cover
- Provide the reporting period end date the registry will cover
- Provide the measure numbers and/or measures groups for the Physician Quality Reporting System quality measures on which the registry is reporting
- Provide the measure title for the Physician Quality Reporting System quality measures for which the registry is reporting
- Report the number of eligible instances (reporting denominator)
- Report the number of instances of quality service is 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
- Comply with a CMS-specified secure method for data submission, such as submitting registry's data in an XML file through an identity management system specified by CMS.
- Submit an acceptable "validation strategy" to CMS by March 31, 2012. 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
- Perform the validation outlined in the strategy and send the results to CMS by June 30, 2013 for the 2012 reporting year's data
- Enter into and maintain with its participating professionals an appropriate Business Associate 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 and/or patient-specific data on Medicare beneficiaries on behalf of eligible professionals who wish to participate in the Physician Quality Reporting System. TIN/NPI information should be included in this document for verification purposes between the data submitted to the registry and the provider's information contained in the Business Associate agreement.
- Obtain and keep on file signed documentation that each holder of an NPI whose data are submitted to the registry has authorized the registry to submit quality measures results and numerator and denominator data and/or patient-specific data on Medicare beneficiaries to CMS for the purpose of Physician Quality Reporting System participation. This documentation must be obtained at the time the

eligible professional signs up with the registry to submit Physician Quality Reporting System quality measures data to the registry and must meet any applicable laws, regulations, and contractual business associate agreements

- Provide CMS access (if requested for validation purposes) to review the Medicare beneficiary data on which 2012 Physician Quality Reporting System registry-based submissions are based or provide to CMS a copy of the actual data (if requested)
- Provide CMS a signed, written attestation statement via mail or email which states that the quality measure results and any and all data including numerator and denominator data provided to CMS are accurate and complete
- Use Physician Quality Reporting System measure specifications and the CMS provided measure calculation algorithm, or logic, to calculate reporting rates or performance rate unless otherwise agreed to by CMS. CMS will provide registries a standard set of logic to calculate each measure and/or measures group they intend to report in 2012
- Provide a calculated result using the CMS supplied measure calculation logic for each individual measure and measures group and an XML file for an individual measure, measures group, individual electronic prescribing measure, and group practice electronic prescribing measure that the registry intends to become qualified. Registries are required to show that they can calculate the proper measure results using the CMS-supplied logic and send the calculated data back to CMS in the specified format and timeframe required by CMS
- Indicate the reporting options the registry seeks to become qualified on behalf of its users in addition to individual measures (measures groups, GPRO, eRx for individuals, eRx for GPROs, 6 month, 12 month reporting periods)
- Provide the reporting option(s) (reporting period and reporting criteria) that the eligible professional has selected
- Submission of errors in 2013 on 2012 data may result in the registry being precluded from subsequent years participation in the Physician Quality Reporting System

Satisfactory reporting on data on individual Physician Quality Reporting System quality measures must include:

- Reporting on at least three Physician Quality Reporting System measures AND
- Report each measure for at least 80 percent of the eligible professional's Medicare Part B FFS patients seen during the reporting period to which the measure applies
- Measures that are reported with a 0% performance rate will be disregarded

In addition to meeting all the requirements specified previously, registries that intend to report on 2012 Physician Quality Reporting System measures groups (both new registries and previously qualified) must:

- Indicate the reporting period selected for each eligible professional who chooses to submit data on measures groups
- Base reported information on measures groups only on patients to whom services were furnished during the 2012 reporting period
- Agree that the registry's data may be inspected or a copy requested by CMS and provided to CMS under CMS oversight authority
- Be able to report all measures in the group that are applicable to each patient or encounter to which the measures group applies at least up to the minimum number of patients required by the applicable reporting criteria.
- Be able to report consistent with the reporting criteria requirements, as specified in the following information

Satisfactory reporting on data on Physician Quality Reporting System measure groups via a registry includes:

- Reporting Period Jan 1, 2012 – Dec 31, 2012
  - Report at least 1 Physician Quality Reporting System measures group; AND
  - Report each applicable measure within the measures group for at least 30 unique Medicare Part B FFS patients
  - Measures groups containing a measure with a 0% performance rate will not be counted
- Reporting Period Jan 1, 2012 – Dec 31, 2012
  - Report at least 1 Physician Quality Reporting System measures group; AND
  - Report each applicable measure in the measures group for at least 80% of the eligible professional's Medicare Part B FFS patients seen during the reporting period to whom the measures group applies; BUT Report each measures group on at least 15 Medicare Part B FFS patients seen during the reporting period to which the measures group applies
  - Measures groups containing a measure with a 0% performance rate will not be counted
- Reporting Period Jul 1, 2012 – Dec 31, 2012
  - Report at least 1 Physician Quality Reporting System measures group; AND
  - Report each measures group for at least 80% of the eligible professional's Medicare Part B FFS patients seen during the reporting period to whom the measures group applies; BUT Report each measures group on no less than 8 Medicare Part B FFS patients seen during the reporting period to which the measures group applies
  - Measures groups containing a measure with a 0% performance rate will not be counted

## **Self-Nomination**

Registries who were 'qualified' for 2011, who are successful in submitting 2011 Physician Quality Reporting System data, and wish to continue to participate in 2012 need to indicate their desire to continue participation for 2012 by submitting an intent to submit via email to CMS indicating continued interest in being a Physician Quality Reporting System registry for 2012 and compliance with the 2012 Physician Quality Reporting System registry requirements by **5 p.m. E.T. December 1, 2011**. These registries will not need to be "re-qualified" for 2012 but will need to demonstrate compliance with the new 2012 Physician Quality Reporting system registry requirements. The previously qualified registries will need to calculate Use Cases for any new measures they intend to report. Registries previously qualified in 2011 will need to submit a formal self nomination letter by email by **5 p.m. January 31, 2012**.

Registries who were qualified for 2011, but were not successful in submitting 2011 Physician Quality Reporting System data must be able to meet the 2012 Physician Quality Reporting System registry requirements and go through the full vetting process again. Additionally, these registries should submit a self-nomination letter requesting inclusion in 2012. The letter should also include which 2012 Physician Quality Reporting individual measures and/or measures groups 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 submitted via email by **5 p.m. E.T. March 31, 2012**. These registries will be required to participate in the vetting process for 2012.

New registries who can meet the above requirements, and who wish to participate in the 2012 registry payment program should submit a self-nomination letter requesting inclusion in 2012. The letter should also include which 2012 Physician Quality Reporting 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 CMS via mail by **5 p.m. E.T. January 31, 2012**

**2012 Physician Quality Reporting – 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 21244-1850**

**Please allow two weeks for mail processing.**

All of the information contained within this document will also apply to registries that would like to become qualified to report on the electronic prescribing measure for the 2012 Electronic Prescribing (eRx) Incentive Program. Registries that want to report the 2012 eRx measure for the eRx Group Practice Reporting Option (GPRO) will also have to follow the requirements contained in this document. Any registry that wants to report on the eRx measure and/or the eRx measure for GPRO should indicate this in their self-nomination letter.

CMS will post a list of qualified registries for the 2012 Physician Quality Reporting System on the Physician Quality Reporting System section of the CMS Web site at <http://www.cms.gov/pqrs>, which will include the registry name, contact information, the measures and/or measures groups for which the registry is qualified and intends to report for 2012. CMS encourages registries to disclose cost information incurred by their clients. This will be required for 2013. While this information is not required, it will be included in the posting of qualified registries. The list will not be available prior to the start of the 2012 program year. 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.

PLEASE 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 (Validation Plans, etc...) should be included in the Self Nomination Letter.

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

January 15, 2012

2012 Physician Quality Reporting 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

Dear PQRS Nomination Committee,

Please accept this submission as the Self Nomination of ABC Registry for possible inclusion in the 2012 Physician Quality Reporting System (PQRS) Registry program. The ABC Registry meets all of the detailed requirements listed in the Registry Requirements for Submission of 2012 Physician Quality Reporting System Data on Behalf of Eligible Professionals document on the CMS PQRS website.

The ABC Registry meets the following:

- Have been in existence as of January 1, 2012
- Have at least 25 participants by January 1, 2012
- Provide at least one feedback report per year to participating eligible professionals
- Be able to collect an eligible professional's e-mail address and have documentation from the eligible professional authorizing the release of his or her e-mail address
- Not be owned or managed by an individual locally-owned single-specialty group
- Participate in on-going 2012 Physician Quality Reporting mandatory support conference calls and yearly kick off hosted by CMS (approximately one call per month)
- 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 measures in the 2012 Physician Quality Reporting System
- Be able to calculate and submit measure-level reporting rates and performance rates, as well as the data elements needed to calculate the rates at the TIN/NPI level, upon request
- Be able to separate out and report on Medicare Fee-For-Service (FFS) Part B patients
- Provide the name of the registry
- Provide the reporting period start and end dates the registry will cover
- Provide the measure numbers
- Provide the measure titles
- Report the number of eligible instances (reporting denominator)
- Report the number of instances of quality service is 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
- Comply with a CMS-specified secure method for data submission
- Submit an acceptable "validation strategy" to CMS by March 31, 2012.

PLEASE 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 (Validation Plans, etc...) should be included in the Self Nomination Letter.

- Perform the validation outlined in the strategy and send the results to CMS by June 30, 2013 for the 2012 reporting year's data
- Enter into and maintain with its participating professionals an appropriate Business Associate arrangement
- Obtain and keep on file signed documentation that each holder of an NPI whose data are submitted to the registry has authorized the registry to submit quality measures results and numerator and denominator data and/or patient-specific data on Medicare beneficiaries to CMS for the purpose of Physician Quality Reporting System participation. This documentation must be obtained at the time the eligible professional signs up with the registry to submit Physician Quality Reporting System quality measures data to the registry and must meet any applicable laws, regulations, and contractual business associate agreements
- Provide CMS access (if requested for validation purposes) to review the Medicare beneficiary data on which 2012 Physician Quality Reporting System registry-based submissions are founded or provide to CMS a copy of the actual data (if requested)
- Provide CMS a signed, written attestation statement via email
- Use Physician Quality Reporting System measure specifications and the CMS provided measure calculation
- Provide a calculated result using the CMS supplied measure calculation logic file for each measure and measures group that the registry intends to calculate and an XML for an individual measure, measures group, individual eRx measure, and GPRO eRx measure if applicable.
- Indicate the reporting options the registry seeks to submit on behalf of its users
- Provide the reporting option(s) (reporting period and reporting criteria) that the eligible professional has satisfied or chosen.

ABC Registry intends to submit the following:

Individual Measures: #1, #2, #3, #117, #119, #163 <sup>iv</sup>  
Measures Groups: Diabetes Mellitus Measures Group

Individual Reporting Options: 12 months, 80%, 3 or more measures <sup>v</sup>

Measures Groups Reporting Options: 12 Months, 30 patients for the measure group, 12 Months and 80% for the measure group with a minimum of 15 patients.

Electronic Prescribing (eRx) measure: Individual providers; Group Practice Reporting Option (GPRO) <sup>vi</sup>.

We will be collecting our registry data by utilizing a collaboration of a Web Based Tool and Claims.

Please address any questions to our project manager Jon Doe (123-456-7891 / [jdoe@abcregistry.org](mailto:jdoe@abcregistry.org)), our clinical representative Susie Nurse (123-456-7892 / [snurse@abcregistry.org](mailto:snurse@abcregistry.org)), and our technical representative Dan Jones (123-456-7893 / [djones@abcregistry.org](mailto:djones@abcregistry.org)) <sup>vii</sup>.

Thanks

*Joe Smith*

Joe Smith  
CEO  
ABC Registry

PLEASE 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 (Validation Plans, etc...) should be included in the Self Nomination Letter.

---

<sup>i</sup> Letter must be received no later than **5 p.m. ET on January 31, 2012.**

<sup>ii</sup> This Sample Self Nomination Letter is for a registry vendor. A Self Nomination Letter needs to be received for each of the vendor entities you would like to nominate for (e.g. Registry, EHR Direct, EHR Data Submission Vendors, Maintenance of Certification & GPRO).

<sup>iii</sup> Specify your Sponsoring Organization name and Registry name if the two are different.

<sup>iv</sup> Specify what measures and/or Measures Group your registry intends to report. Do not state measures in a running manner (e.g. 1-110) or state all measures and measures groups. **Each measure and/or measures group you intend to report should be listed individually.** A List of Measures can be located on the Measures Codes page of the CMS PQRS website.

<sup>v</sup> Specify what reporting options your registry intends to utilize. A list of reporting options can be located within the Implementation Guide on the Measures Codes page of the CMS PQRS website.

<sup>vi</sup> Specify if your Registry intends to report eRx for individual providers and /or GPRO.

<sup>vii</sup> Specify the appropriate individuals to contact when beginning the vetting processes. Provide a phone and an email address for a program, clinical, and technical representative. **A minimum of two representatives need to be provided.**