

DEPARTMENT OF HEALTH AND HUMAN SERVICES
Centers for Medicare & Medicaid Services



2011 Physician Quality Reporting System

Maintenance of Certification Program Incentive Made Simple

FACT SHEET

<http://www.cms.gov/PQRS>

The Physician Quality Reporting System (Physician Quality Reporting, formerly called the Physician Quality Reporting Initiative or PQRI) is a voluntary reporting program that provides an incentive payment to identified eligible professionals who satisfactorily report data on quality measures for covered Physician Fee Schedule (PFS) services furnished to Medicare Part B Fee-For-Service beneficiaries (includes Railroad Retirement Board and Medicare as a secondary payer patients). Physicians who are incentive eligible for the Physician Quality Reporting System can receive an additional 0.5 percent incentive payment when Maintenance of Certification Program Incentive requirements have also been met. This physician-only incentive payment will be paid at the same time as the 2011 Physician Quality Reporting incentive payment for those physicians who qualify. Physicians cannot receive more than one additional 0.5 percent incentive even if they complete a Maintenance of Certification Program in more than one specialty. The Centers for Medicare & Medicaid Services (CMS) suggests that physicians periodically review posted Maintenance of Certification Program Incentive materials on the CMS Physician Quality Reporting System web page at <http://www.cms.gov/PQRS> to ensure they are informed of all program clarifications and updates.

Steps for Successful Participation

- STEP 1:** Determine if you are able to participate. To be eligible for the Maintenance of Certification Program Incentive you must be a physician. For the purposes of this program, the term “physician” is limited to doctors of medicine; doctors of osteopathy; doctors of dental surgery or of dental medicine; doctors of podiatric medicine; doctors of optometry; or doctors of chiropractic.
- STEP 2:** Satisfactorily submit data, without regard to method, on quality measures under Physician Quality Reporting for a 12-month reporting period either as an individual physician or as a member of a selected group practice.

STEP 3: Identify an entity that has become qualified for purposes of the 2011 Physician Quality Reporting System Maintenance of Certification Program Incentive. A listing of Qualified Maintenance of Certification Program Incentive Entities for 2011 can be found on the CMS Physician Quality Reporting System web page at <http://www.cms.gov/PQRS> in the Maintenance of Certification Program Incentive section as a downloadable document. It is recommended that physicians who wish to participate in the 2011 Maintenance of Certification Program Incentive contact the applicable entities for additional details on participation requirements.

STEP 4: After selecting a qualified Maintenance of Certification Program Incentive entity, you must more frequently than is required to qualify for or maintain board certification status:

- Participate in a Maintenance of Certification Program for a year, and
- Successfully complete a qualified Maintenance of Certification Program practice assessment for such year.

The qualified entities will be able to provide specific instructions on how each specialty and sub-specialty has applied the “more frequent” requirements.

What Does “More Frequently” Mean?

Under section 1848(m)(7)(C)(i) of the Social Security Act, a “Maintenance and Certification Program” shall include and require a physician to do the following (referred to below as Parts I – IV):

- I. Maintain a valid, unrestricted medical license in the United States;
- II. Participate in educational and self-assessment programs that require an assessment of what was learned;
- III. Demonstrate through a formalized, secure examination that the physician has the fundamental diagnostic skills, medical knowledge, and clinical judgment to provide quality care in his or her respective specialty; and
- IV. Successfully complete a qualified Maintenance of Certification Program practice assessment.

CMS has applied the “more frequent” participation requirements to Parts II – IV of the Maintenance of Certification Program definition above. The “more frequent” requirement does not apply to Part I of the Maintenance of Certification Program definition since a physician cannot become licensed “more frequently” than required.

What is the Role of the Qualified Maintenance of Certification Program Incentive Entity?

Maintenance of Certification Program Incentive entities will manage the program as well as submit 2011 information during the February – March 2012 submission period on behalf of physicians. A Maintenance of Certification Program Incentive entity has demonstrated to CMS that the physician has met the requirements of what a physician must do to “more frequently” participate in each of Parts II – IV above.



Resources

For more information about the Maintenance of Certification Program Incentive, refer to the following documents available on the Maintenance of Certification Program Incentive web page at http://www.cms.gov/PQRS/23_Maintenance_of_Certification_Program_Incentive.asp on the CMS website:

- “The Physician Quality Reporting System Maintenance of Certification Program Incentive Requirements of Self-Nomination for 2011”
- “Physician Quality Reporting System Maintenance of Certification Program Incentive Guidance”
- “Conditionally Qualified Maintenance of Certification Program Incentive Entities for 2011”

Questions

If you have any questions, contact your Qualified Maintenance of Certification Program Incentive entity. Physicians will need to work with their selected Maintenance of Certification Program Incentive entity to ensure successful completion of the Maintenance of Certification Program Incentive participation requirements. If your entity is unable to answer your questions, contact the QualityNet Help Desk at 866-288-8912 (TTY 877-715-6222) from 7:00 a.m. to 7:00 p.m. Central Standard Time (CST) or send an e-mail to qnetsupport@sdps.org for assistance.

This fact sheet was current at the time it was published or uploaded onto the web. Medicare policy changes frequently so links to the source documents have been provided within the document for your reference.

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