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

Medicare Learning Network®
Official CMS Information for Medicare Fee-For-Service Providers

2012 Physician Quality Reporting System:
Registry Reporting Made Simple

FACT SHEET http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS

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) when reporting through registry-based reporting to qualify for the incentive.

A web page dedicated to providing all the latest news about Physician Quality Reporting is available at http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS on the Centers for Medicare & Medicaid Services (CMS) website.

Purpose

This fact sheet describes registry-based reporting and outlines steps that eligible professionals or practices should take in selecting a registry for the 2012 program year and satisfactorily reporting quality measures using registry-based reporting.

How to Get Started

STEP 1: Determine if you are eligible to participate in Physician Quality Reporting.

For a list of eligible professionals, review the "Eligible Professionals" document at http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/Downloads/EligibleProfessionals.pdf on the CMS website.

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

For an outline of the reporting options, refer to **Appendix C** in the "2012 Physician Quality Reporting Implementation Guide" document at http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/MeasuresCodes.html on the CMS website.

Review the "2012 Physician Quality Reporting System Measures List" document at http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/MeasuresCodes.html and determine which measures or measures group(s) may apply to your practice and are reportable via registry.

Prior to a new reporting year, it is important to review the most recent measure documentation. Existing measures may have been updated or retired since the previous program year, and new measures may have been added to Physician Quality Reporting. Reviewing the current program year's measure specifications allows eligible professionals to report the measure as it currently exists within the program.

Individual Measures

- For measure details, refer to the "2012 Physician Quality Reporting System Measure Specifications Manual for Claims and Registry" document at http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/MeasuresCodes.html on the CMS website. Please note that not all individual measures are available via registry-based reporting.
- Choose at least three applicable measures for submission that will impact clinical quality within the practice.

NOTE: Individual measures with a 0 percent 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 percent performance rate will be counted as satisfactorily reporting (100 percent performance rate would not be considered satisfactorily reporting). Performance exclusion Quality-Data Codes (QDCs) are not counted in the performance denominator. If the registry submits all performance exclusion QDCs, the performance rate would be 0/0 (null) and the measure would be considered satisfactorily reported.

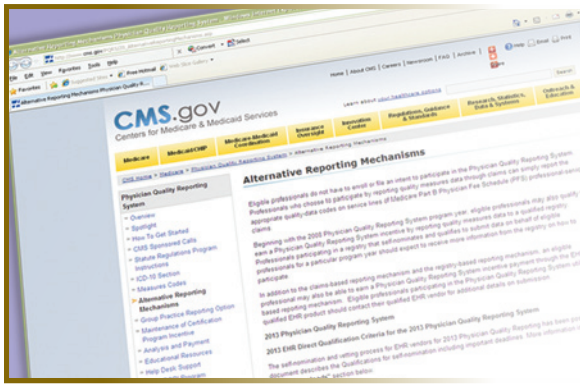
Measures Groups

- For measures group details, refer to the "2012 Measures Groups Specifications" document at http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/MeasuresCodes.html on the CMS website. 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 the "Getting Started with 2012 Physician Quality Reporting of Measures Groups" document at http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/MeasuresCodes.html on the CMS website. 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.

NOTE: 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 Aged 65 Years and Older 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 QDCs are not counted in the performance denominator. If the registry submits all performance exclusion QDCs, 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 "Qualified Registries for the 2012 Physician Quality Reporting System (PQRS) and Electronic Prescribing (eRx) Incentive Programs" document at http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/AlternativeReportingMechanisms.html on the CMS website.

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, and
- 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, and
- Phase 3 – After successfully completing the Physician Quality Reporting System registry requirements as indicated by CMS' vetting process.

After you select your registry.

Once you select a registry, you must 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 of quality measure data on behalf of CMS.

NOTE: It is important that you provide the correct 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/NPI combination 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 Form CMS-1500 paper claim in field 25, 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 provides you with specific instructions on how to submit data for the selected measures or measures group upon which you report. You will work directly with your registry to ensure data is submitted appropriately for incentive purposes.

Resources

- For more information on reporting via registry, visit http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/AlternativeReportingMechanisms.html on the CMS website.
- For more information on what's new for 2012 Physician Quality Reporting, visit http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/EducationalResources.html on the CMS website.
- For answers to frequently asked questions, visit https://questions.cms.gov on the CMS website.

- The Medicare Learning Network® (MLN) Educational Web Guides MLN Guided Pathways to Medicare Resources help providers gain knowledge on resources and products related to Medicare and the CMS website. For more information applicable to you, refer to the section about your provider type in the "MLN Guided Pathways to Medicare Resources Provider Specific" booklet at http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNEdWebGuide/Downloads/Guided_Pathways_Provider_Specific_Booklet.pdf on the CMS website. For all other "Guided Pathways" resources, visit http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNEdWebGuide/Guided_Pathways.html on the CMS website.

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