

## **NCDR<sup>®</sup> Fact Sheet on Centers for Medicare and Medicaid (CMS) Physician Quality Reporting Initiative (PQRI) for 2008**

On August 27, 2008, CMS announced that the NCDR<sup>®</sup> (National Cardiovascular Data Registry) IC<sup>3</sup> Program<sup>®</sup> was one of the first registries to receive the CMS designation as qualified to submit aggregate performance data on behalf of physicians for the 2008 Physician Quality Reporting Initiative (PQRI). In May 2008, the American College of Cardiology (ACC) submitted a nomination to CMS to be considered as a registry-reporting option for PQRI, in response to the CMS release of the "2008 PQRI Establishment of Alternative Reporting Periods and Reporting Criteria" and the "Registry Requirements to Qualify as an Acceptable Registry for Submission of PQRI Data on Behalf of Eligible Professionals Seeking Payment in 2008."

Data reporting is a key step in reforming our health care system and ensuring quality, patient-centered care. The ACC decision to nominate the NCDR supports the College's Health Policy Statement on Principles to Guide Physician Pay-for-Performance Programs (J Am Coll Cardiol 2006;48:2603-9). The principles outline the appropriate components of a physician pay-for-performance program, specifically that program should:

- Build on established evidence-based performance measures
- Create a business case for investing in structure, best practices, and tools that can lead to improvement and high-quality care
- Reward process, outcome, improvement and sustained high performance
- Assign attribution of credit for performance to physicians in ways that are credible and encourage collaboration
- Favor the use of clinical data over administrative claims data
- Set targets for performance through a national consensus process
- Address appropriateness
- Be positive, not punitive
- Audit performance measure data
- Establish transparent provider rating methods
- Not create perverse incentives
- Invest in outcomes and health services research

The full policy document, including a detailed discussion of each of these principles can be found on the ACC Website at **[www.acc.org/qualityandscience/clinical/topic/topic.htm#healthpolicy](http://www.acc.org/qualityandscience/clinical/topic/topic.htm#healthpolicy)**.

## Frequently Asked Questions about CMS Physician Quality Reporting Initiative and NCDR® Registries

**Q. How can physicians use the NCDR data to meet 2008 PQRI reporting requirements?**

**A.** Physicians whose patient data is captured as part of the IC<sup>3</sup> Program® can request that the NCDR report on their behalf to meet 2008 CMS PQRI requirements. The NCDR currently is *not* providing physician reports from any of the hospital-based registries (i.e., ACTION Registry®-GWTG™, CARE Registry®, CathPCI Registry®, ICD Registry™) for PQRI in 2008.

**Q. What data is NCDR reporting on physicians to CMS for 2008 PQRI?**

**A.** On behalf of physicians who request IC<sup>3</sup> Program reporting, NCDR will be providing CMS with aggregate reporting rates and performance rates for up to eight 2008 PQRI measures.

**Q. What are the eight 2008 PQRI measures?**

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| PQRI Measure #5   | Angiotensin-Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker (ARB) Therapy for Left Ventricular Systolic Dysfunction (LVSD)   |
| PQRI Measure #6   | Oral Antiplatelet Therapy Prescribed for Patients with Coronary Artery Disease   |
| PQRI Measure #7   | Beta-blocker Therapy for Coronary Artery Disease Patients with Prior Myocardial Infarction (MI)  |
| PQRI Measure #8   | Beta-Blocker Therapy for Left Ventricular Systolic Dysfunction   |
| PQRI Measure #47  | Advance Care Plan  |
| PQRI Measure #114 | Inquiry Regarding Tobacco Use  |
| PQRI Measure #115 | Advising Smokers to Quit   |
| PQRI Measure #118 | Angiotensin-Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker (ARB) Therapy for Patients with Coronary Artery Disease and Diabetes and/or Left Ventricular Systolic Dysfunction (LVSD) |

**Q. How will NCDR determine which measures to submit to CMS for a physician's PQRI report?**

**A.** One of the CMS criteria for awarding the PQRI bonus payment of 1.5% is that a minimum of three PQRI measures are reported. There are no criteria regarding the performance rate for any PQRI measure. The NCDR will submit reporting rates and performance rates on all the PQRI measures that can be calculated based on a physician's IC<sup>3</sup> Program patient submissions for the reporting period of July 1, 2008–December 31, 2008, even if the total number of measures exceeds three.

**Q. How do physicians request that NCDR report on their behalf to CMS for 2008 PQRI?**

**A.** First, physicians' practices must be enrolled in the IC<sup>3</sup> Program. Then, physicians should complete and submit the NCDR data release consent form (DRCF) specific to PQRI reporting available from the IC<sup>3</sup> Program Website at [www.ncdr.com/ic3](http://www.ncdr.com/ic3). Once the DRCF is on file, the NCDR will submit the physician's aggregate data directly to CMS by the February 28, 2009 reporting deadline. All DRCFs must be on site at ACC by January 9, 2009.

**Q. What is the 2008 time period that NCDR will be reporting to CMS for PQRI?**

**A.** NCDR will only be reporting on patient care that occurred between July 1, 2008, and December 31, 2008.

**Q. How will NCDR determine what percentage of a physician's patient cases to submit?**

**A.** A requirement for data submission to the IC<sup>3</sup> Program is for practices to submit 100 percent of patient cases that meet the inclusion criteria. The NCDR will be using all 100 percent of patient cases submitted to the IC<sup>3</sup> Program to aggregate the reporting rate and performance rate for each PQRI measure. Physicians must ensure that their practices have met this data submission requirement for the IC<sup>3</sup> Program for the entire period of July 1–December 31, 2008. The IC<sup>3</sup> Program will not report below 100 percent of eligible patient cases. No additional data collection, such as the use of an AP modifier, is required with the IC<sup>3</sup> Program.

**Q. Can a physician submit only patients relevant to PQRI measures?**

**A.** No. Participation in the reporting component of the IC<sup>3</sup> Program is dependent on physicians and practices submitting data on all patients that meet the inclusion criteria, regardless of payer status. The IC<sup>3</sup> Program was designed to assist practices in understanding and improving care to their patients, not to specifically meet PQRI requirements. Since there is overlap in measures used for both the IC<sup>3</sup> Program and PQRI, the ACC has taken the necessary steps with CMS to be able to offer a PQRI reporting option as an additional benefit to IC<sup>3</sup> Program participation.

**Q. Can a physician submit data on elements only relevant to PQRI measures?**

**A.** No. Participation in the reporting component of the IC<sup>3</sup> Program is dependent on physicians and practices submitting data on all elements relevant to patients that meet the inclusion criteria, not select measures.

**Q. Does a physician have to be a member of the ACC to participate in the IC<sup>3</sup> Program?**

**A.** No. The IC<sup>3</sup> Program is designed to assist cardiovascular, internal medicine and family physician practices improve cardiac care for their patients. Membership in the ACC is not a requirement to participate in the IC<sup>3</sup> Program.

**Q. Do all physicians at a practice have to participate in the IC<sup>3</sup> Program?**

**A.** Participation by all physicians in a practice will yield the most accurate data reflecting a practice's performance. The ideal model is full participation by all physicians; however it is possible for a subset of a practice's physicians to participate in the IC<sup>3</sup> Program and, later, for other physicians in the practice to join the program.

**Q. Can a practice request to submit aggregate data on all physicians participating in the IC<sup>3</sup> Program for PQRI reporting?**

**A.** Individual physicians must complete the DRCF to request to submit aggregate data, which allows all physicians or select physicians participating in the IC<sup>3</sup> Program to report for PQRI. Participating in the IC<sup>3</sup> Program does not automatically mean that physician aggregate data will be submitted to CMS for PQRI reporting. Only physicians who submit a DRCF for PQRI reporting will have aggregate data submitted to CMS. CMS does not have a mechanism to recognize practices signing DRCFs on behalf of physicians.

**Q. How will CMS determine the PQRI bonus payment for a physician who submits using the IC<sup>3</sup> Program to report?**

**A.** CMS will evaluate the IC<sup>3</sup> Program report submitted on behalf of the physician to determine: 1) if the 80% of eligible patients reported threshold was met (see previous answer to question regarding how NCDR will determine what percentage of patients to submit) and 2) if at least 3 measures were reported. If both these criteria are met, CMS will calculate the 1.5% bonus on covered Medicare Part B fees for the reporting period of July 1–December 31, 2008.

**Q. If a physician is already submitting for PQRI using claims data or another approved alternative mechanism and is participating in the IC<sup>3</sup> Program, can the physician submit their IC<sup>3</sup> Program aggregate data and data from other approved mechanisms to report to CMS?**

**A.** Yes, but each reporting mechanism must encompass a complete reporting period of either January 1-December 31, 2008, or July 1-December 31, 2008, depending on the reporting period options available for the mechanism. CMS will make bonus payment decisions based on the most favorable reporting mechanism received for PQRI, assessed as follows:

First, was the minimum 80% of eligible patients reported threshold met?

Second, for mechanisms that met the ≥ 80% threshold, were at least 3 measures reported?

Third, for mechanisms that reported at least 3 measures, which mechanism had the longest reporting period?

The mechanism(s) with longest reporting period will be used to calculate the 1.5% bonus on covered Medicare Part B fees for the reporting period. Only one bonus payment will be awarded regardless of the number of mechanisms used to report for PQRI.

**Q. Will CMS be sending the PQRI payment checks to ACC on the physician's behalf?**

**A.** No. CMS will be using the same payment processing system regardless of the mechanism used to report for PQRI. Checks will not be sent to ACC.

**Q. What are the fees associated with participating in the IC<sup>3</sup> Program and requesting data submission for PQRI?**

**A.** Currently, enrolling in the IC<sup>3</sup> Program is free and requesting data submission for PQRI is free.

**Q. How do I learn more about the NCDR and the IC<sup>3</sup> Program?**

**A.** Information about the IC<sup>3</sup> Program, including data collection and submission options, is available on the NCDR Website at [www.ncdr.com](http://www.ncdr.com). NCDR representatives can be contacted via e-mail at [ncdr@acc.org](mailto:ncdr@acc.org) or by calling **1-800-257-4737** (Monday-Friday, 9:00 a.m.-5:00 p.m. ET).

**Q. How do I learn more about the CMS decision to allow registry reporting for PQRI?**

**A.** Visit the CMS website at [www.cms.hhs.gov/pqri](http://www.cms.hhs.gov/pqri).

**Q. Does the ACC have more information about PQRI?**

**A.** Yes, the ACC has prepared a PQRI toolkit, resources, and other information, which are available on the ACC Website at [www.acc.org/advocacy/pqri.htm](http://www.acc.org/advocacy/pqri.htm).

**Q. Will the IC<sup>3</sup> Program and NCDR be reporting for physicians for 2009 PQRI?**

**A.** CMS did include registry reporting options for PQRI in the final rule for the 2009 Medicare Physician Fee Schedule (MPFS), however, CMS will not be identifying which registries are approved for reporting on 2009 patients until July 31, 2009. ACC will provide updates regarding IC<sup>3</sup> Program and NCDR reporting for 2009 PQRI as information becomes available. More information about PQRI is available on the CMS Website at [www.cms.hhs.gov/pqri](http://www.cms.hhs.gov/pqri).

**Q. Are there additional physician reporting programs that accept NCDR data?**

**A.** Yes. Cardiovascular and internal medicine physicians who are board certified by the American Board of Internal Medicine (ABIM) and have any time-limited certifications and/or additional qualifications can use data from any NCDR registry (i.e., ACTION Registry-GWTG, CARE Registry, CathPCI Registry, ICD Registry, and IC<sup>3</sup> Program) to complete the ABIM Self-Directed Performance Improvement Module (PIM) to meet the maintenance of certification (MOC) self-assessment of practice (i.e., Part IV) requirements. Other physician medical boards also may accept NCDR data. For more information about the NCDR and physician re-certification requirements, please see the NCDR information sheet titled, "Using NCDR Registry Data for Physician Self-Assessment of Practice Performance for Board Re-certification" available on the NCDR Website at [www.ncdr.com/ic3](http://www.ncdr.com/ic3).