

Physician Quality Reporting System Maintenance of Certification Program Incentive Guidance

In accordance with section 1848(m) (7) of the Social Security Act (“Additional Incentive Payment”), CMS is implementing a new Maintenance of Certification Program Incentive under the Physician Quality Reporting System. Effective for calendar year (CY) 2011, physicians who meet specified requirements may have their applicable Physician Quality Reporting System quality percent for 2011 increased by 0.5% (i.e., the Maintenance of Certification Program Incentive). Specific details about this additional incentive is available on the Physician Quality Reporting System website at <http://www.cms.gov/pqri>, as well as in the CY 2011 Medicare Physician Fee Schedule Proposed Rule and Final Rule with comment period (75 FR 52487 and 75 FR 73170) and at 42 C.F.R. § 414.90.

In order to qualify for the additional 0.5% incentive for 2011, the physician will need to complete the following:

- Satisfactorily submit data on quality measures under Physician Quality Reporting System, for a 12-month reporting period either as an individual physician or as part of a group practice under one of the Physician Quality Reporting System group practice reporting options.

AND

- 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.

As discussed in the CY 2011 Medicare Physician Fee Schedule final rule with comment period (74 FR 73541-73546), entities sponsoring Maintenance of Certification Programs are required to undergo a self-nomination process and submit to CMS specified information, including the frequency of a cycle of Maintenance of Certification Program for the specific Maintenance of Certification Program of the sponsoring organization, as well as what constitutes “more frequently” for both the Maintenance of Certification Program itself and the Maintenance of Certification Program practice assessment. In addition, sponsoring entities must provide information certifying that the physician has participated in a Maintenance of Certification Program for a year, and met the “more frequently” requirement for the Maintenance of Certification Program and practice assessment.

Boards/sponsoring entities that have differing tiers of participating physicians (that is, a portion of physicians are not required to participate in a Maintenance of Certification Program for board certification, while others either have the option of participating or are required to participate in a Maintenance of Certification Program for board certification) should explain and indicate in their self-nomination letter how these differing tiers of physicians would meet the “more frequently” requirement with regard to the Maintenance of Certification Program and practice assessment. All self-nomination letters must be received at CMS by no later than 5 P.M. on January 31st, 2011 for potential consideration in the Maintenance of Certification Program Incentive. Additional details on what to include in the self-nomination letter are indicated within the CY 2011 Medicare Physician Fee Schedule Final Rule with

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comment period (75 FR 73170) as well as on the Physician Quality Reporting System website at <http://www.cms.gov/pqri>.

Under section 1848(m) (7)(C)(i) of the Social Security Act, a “Maintenance of Certification Program” means a continuous assessment program that advances quality and the lifelong learning and self-assessment of board certified specialty physicians by focusing on the competencies of patient care, medical knowledge, practice-based learning, interpersonal and communication skills and professionalism. Such a program shall include and require a physician to do the following, which we refer 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 their respective specialty; and
- IV. Successfully complete a qualified Maintenance of Certification program practice assessment.

“More frequently” Requirement for Participation in a Maintenance of Certification Program

As described in the CY 2011 Medicare Physician Fee Schedule Final Rule with comment period (75 FR 73542), CMS has applied the “more frequent” participation requirement to Parts II-IV of the Maintenance of Certification Program definition. CMS has left the “more frequent” definition at the discretion of the boards/sponsoring programs but has stated that we do not believe the “more frequent” requirement applies to Part I, since a physician cannot become licensed “more frequently” than required.

In response to requests for additional guidance and clarification about the “more frequently” requirement, we have provided examples of what could potentially constitute “more frequent” participation below. If a physician is not required to participate in a Maintenance of Certification Program to qualify for or maintain board certification status, their participation in a Maintenance of Certification Program would constitute “more frequent” participation.

Part I – Maintain a valid, unrestricted medical license in the United States

As discussed in the CY 2011 Medicare Physician Fee Schedule final rule with comment period (75 FR 73542), CMS does not believe that the “more frequently” requirement applies to the Maintenance of Certification Program licensure component, given that a physician cannot be licensed “more frequently” than is required.

Part II – Participate in educational and self-assessment programs that require an assessment of what was learned

With regard to possible examples of the second component of a Maintenance of Certification Program (Part II – educational and self-assessment programs), CMS believes that continuing medical education (CME) would constitute “educational and self-assessment programs” under a Maintenance of Certification Program. The definition of CME varies across Maintenance of Certification Programs;

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however, we believe that CME is broad and would constitute many types of educational activities such as educational sessions, literature review with required question and answers, etc. With regard to meeting the “more frequently” requirement for Part II, we believe that a physician would need to exceed the required level of the educational and self-assessment program under the Maintenance of Certification Program. For example, if the standard for the educational and self-assessment program under a physician’s Maintenance of Certification Program is 6 CME credits a year, more frequent participation could involve completion of 8 CME credits in a year. This is strictly an example of how this requirement could be met, differing boards/sponsoring organizations may require other types of educational and self-assessment programs.

Part 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 their respective specialty

CMS has interpreted the “more frequently” requirement as applying to the Part III (secure examination) requirement of a Maintenance of Certification Program, but we did not require a specified way the “more frequently” requirement must be met or require an exact instance or level of completion for this activity. We note that CMS did not require, nor does it expect, a physician to take the examination every year to meet the “more frequently” requirement, but we are allowing individual boards to verify that their eligible professionals have met the appropriate Maintenance of Certification Program and “more frequently” requirements. Exam intervals can vary across Maintenance of Certification Programs cycles, and CMS does not expect all boards/sponsoring organizations to have the same standards for meeting the “more frequently” requirement. An example of more frequent participation for Part III would be if the standard for a physician’s Maintenance of Certification Program is a secure exam every 7 years, more frequent participation could be defined as taking an examination every 6 years. Depending upon where the physician is in their cycle of completion, satisfying the “more frequently” requirement with regard to Part III participation may involve attestation from the physician that they will take the exam at the attested time (before the date of their required test to maintain their active certification).

The “more frequently” requirement could also be satisfied for Part III with regard to the prerequisites, if applicable, that must be met prior to taking the exam, such as the completion of articles, literature review, etc. In this circumstance, if a physician completed the prerequisites ahead of the required schedule under the particular program, this could constitute “more frequent” participation for Part III in a Maintenance of Certification Program. For example, if a physician must complete 10 cycles of article review over a 10 year period prior to taking the secured exam and he or she completes two such cycles in one year, which would allow the physician to take the exam sooner, then this could constitute “more frequent” participation for Part III.

Part IV – Successfully complete a qualified Maintenance of Certification Program practice assessment

The Part IV (practice assessment) requirement of a Maintenance of Certification Program is defined under section 1848(m)(7)(C)(ii) of the Social Security Act. As defined, a Maintenance of Certification Program practice assessment means an assessment of a physician’s practice that: (a) includes an initial

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assessment of an eligible professional's practice that is designed to demonstrate the physician's use of evidence based medicine, (b) includes a survey of patient experience with care, and (c) requires a physician to implement a quality improvement intervention to address a practice weakness identified in the initial assessment and then to remeasure to assess performance improvement after such intervention. As stated in the CY 2011 Medicare Physician Fee schedule rule with comment period (75 FR 73542), "For physicians who are not required to participate in a Maintenance of Certification Program to maintain board certification, 'more often' would be more than 0, and therefore only once. For physicians, however, who are otherwise required by the specialty board to participate in a Maintenance of Certification Program to maintain their board certification status, these physicians would need to complete the Maintenance of Certification Program practice assessment a second time in order to qualify for the additional incentive payment. If a Maintenance of Certification Program practice assessment were required more than once during a particular cycle, the eligible professional would be required to complete the Maintenance of Certification Program practice assessment a third time in order to qualify for the additional incentive."

The guidance and examples provided within this document do not cover all possibilities of meeting the "more frequently" requirement. For additional information, please contact the QualityNet Help Desk at: 1-866-288-8912 or via email at: Qnetsupport@sdps.org.

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