Following are frequently asked questions received from participants in an informational webinar about using GIQuIC as a QCDR for the purposes of reporting to PQRS for the 2016 reporting year. You can access the slide deck for and a recording of this webinar at http://giquic.gi.org/pqrs.asp.

Q1:   What is a qualified clinical data registry (QCDR) and what is its purpose?

A1:   A QCDR is an entity that collects medical or clinical data for the purposes of patient and disease tracking to foster improvement in the quality of care provided and that has self-nominated, successfully completed a qualification process, and been approved by CMS as a reporting mechanism to the Physician Quality Reporting System (PQRS). PQRS is a CMS reporting program that uses negative payment adjustments to promote reporting of quality information by eligible providers and group practice.

CMS approved the GIQuIC registry as a QCDR for the PQRS 2016 reporting year. The self-nomination process is annual. GIQuIC was previously approved for and served as a QCDR for the PQRS 2014 and 2015 reporting years.

Q2:   Can I participate in GIQuIC for the purposes of quality improvement and not have my data submitted to CMS?

A2:   Yes, GIQuIC is first and foremost a clinical benchmarking registry. It was designed to support units and physicians in developing and maintaining the infrastructure for their quality improvement programs via a safe, secure, and reliable platform. GIQuIC does not release a participant's data to any entity without consent. QCDR reporting is an optional benefit to GIQuIC participants.

Q3:   I am a solo provider. Can any size practice participate in GIQuIC? What is the cost to participate and to use the GIQuIC QCDR?

A3:   Yes, any size practice can participate in GIQuIC. The annual license fee is variable depending upon practice size, per the fee schedule below. PQRS 2016 reporting is a free benefit to GIQuIC participants so no additional fees apply.

1-5 physicians	$4,000	16-20 physicians	$10,800
6-10 physicians	$5,400	20+ physicians	contact GIQuIC
11-15 physicians	$9,400		

Participants in ASGE's Endoscopy Unit Recognition Program qualify for discounted GIQuIC rates. Contact info@giquic.org to discuss registering with GIQuIC.

Q4:   Do I have to participate in another registry to satisfy Meaningful Use (MU)?

A4:   GIQuIC is a specialized registry to improve population health outcomes. Participants using certified electronic health record technology (CEHRT) to transmit data to the GIQuIC registry can attest to using a "specialized registry" for the purposes of Meaningful Use Objective 10: Public Health Reporting, Measure Option 3 – Specialized Registry Reporting.

GIQuIC participation does *not* satisfy the electronic clinical quality measure (eCQM) reporting component of the EHR Incentive Program.

To learn more about the EHR Incentive Program/Meaningful Use (MU) and all of its requirements visit CMS online at the following link. You may also wish to check with your EHR vendor as they may support reporting to MU.

https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/2016ProgramRequirements.html

Q5:   Under QCDR reporting, does a physician practice need to also renew for GPRO each year?

A5:   The 2016 GIQuIC QCDR supports individual eligible provider reporting **only**. It cannot be used for the Group Practice Reporting Option (GPRO) or for reporting as an Accountable Care Organization (ACO). If a group of providers wishes to use the GIQuIC QCDR for their 2016 PQRS reporting they **must not be registered for GPRO**.

Q6:   Can we submit from GIQuIC to PQRS if we are part of an ACO?

A6:   No. If you are part of an ACO, the ACO will report to PQRS on your behalf and you can**not** report via the GIQuIC QCDR. Please contact your ACO to learn more about the PQRS reporting they will do on your behalf. You are encouraged to contact the CMS QualityNet Help Desk if further clarification on ACO reporting is needed. The Help Desk can be reached via email at qnetsupport@hcqis.org.

Q7:   I see GIQuIC currently collects data on colonoscopy and EGD procedures. We aren't doing EGDs. Does that exclude us from participating in GIQuIC or from having our data submitted from GIQuIC to PQRS?

A7:   GIQuIC participants must submit all data relative to their colonoscopy procedures per the terms of the participation agreement. Submission of EGD data is option. If a participant chooses to submit EGD procedure data, s/he must do so at 100% as with colonoscopy procedure data.

Participants not submitting EGD data to GIQuIC for whatever reason have 11 colonoscopy measures available for selection in the GIQuIC QCDR for the purposes of PQRS reporting. The minimum number of required measures to submit for PQRS is 9. Measures 10 and 11 in the GIQuIC QCDR are EGD-related and therefore would not be available for reporting to CMS if a participant did not submit EGD data to the registry during the reporting year.

Q8:   If a physician performs his procedures at three different hospitals, how can he get all that data together to report 100% of his work?

A8:   For the purposes of reporting to PQRS, data is required for 50% or more of all applicable patients for each measure for which the eligible provider reports for the 12-month reporting period (January-December). If the provider has one or more sites participating in GIQuIC and cases at those participating sites account for 50% or more of the provider's applicable patients (i.e., account for 50% or more of the total number of colonoscopies which the provider performed in 2016), the provider should meet the minimum PQRS reporting requirement.

Q9:   Is the registration for PQRS via GIQuIC different from the registration we did when we first signed up for GIQuIC?

A9:   Yes. Each provider must be registered and consent in order to have his data submitted to PQRS via the GIQuIC QCDR. This registration and consent process will require the data manager to follow the **2016 QCDR Registration and Consent** process that will open on the GIQuIC registry site later this year. Emails will be sent to all data managers once this registration is open.

Q10:   We are current users of GIQuIC and used GIQuIC for PQRS in 2015. Is the registration for QCDR different than what we registered for last fall?

A10:   The process remains the same, but registration and provider consent to submit data to CMS for the purposes of PQRS reporting is an annual process. Therefore, registration will be required

again for 2016. Data managers will be notified via email when the **2016 QCDR Registration and Consent** process are live in the system later this year.

Q11:   Are you going to add to the QCDR measures page the benchmark needed to meet each measure?

A11:   No. While some measures for the purposes of quality improvement have performance targets, those percentages are not used by CMS. For the purposes of evaluating a reporting provider's performance in terms of high, average, or low quality as part of the Value-based Payment Modifier (VM), CMS will look at the mean across all providers who reported data on a given measure to determine how that measure factors into the larger equation. To learn more about the VM, visit CMS online at the following link.

https://www.cms.gov/medicare/medicare-fee-for-service-payment/physicianfeedbackprogram/valuebasedpaymentmodifier.html

To access the performance targets for measures for the purposes of quality improvement log in to the GIQuIC registry home page and download from the User Manuals and FAQs section the "Numerator/Denominator Descriptions" documents for the colonoscopy or EGD measures.

Q12:   What are CRNAs reporting and how?

A12:   The GIQuIC registry does not contain data fields or measures applicable to providers other than those performing endoscopic procedures, specifically colonoscopies and EGDs.

You are encouraged to contact the specialty societies most relevant to the provider's practice to learn more about applicable measures and reporting mechanism options. Nurse anesthetists may look to the American Association of Nurse Anesthetists, which can be found online at www.AANA.com, anesthesiologists may look to the American Society of Anesthesiologists, which can be found online at www.ASAHQ.org, and pathologists may look to the College of American Pathologists, which can be found online at www.CAP.org.

Q13:   To confirm: anesthesiologists cannot submit through GIQuIC? So, if they submit data to PQRS via a mechanism other than the GIQuIC QCDR, with the GIs submitting through GIQuIC, would CMS acknowledge that different providers report different ways and not penalize through the entire group through Value-based Payment Modifier?

A13:   Correct. The Value-based Payment Modifier is applied at the TIN level so CMS will look to see all providers under the given TIN. You are encouraged to contact the CMS QualityNet Help Desk if further clarification on this point is needed. The Help Desk can be reached via email at qnetsupport@hcqis.org.

Q14:   Can we run reports for the current reporting year (so for 2016) in the first quarter? This would help determine if any of the physicians are under performing during the first period.

A14:   Real-time reports can be run at any time by logging into the GIQuIC registry, going to the Reports tab, then selecting the Measures link, and from there you can choose which reports to run tailored in a variety of ways. For a refresher on how to run reports, you can watch a recording of a training webinar by going to the Home page of the registry and in the User Manuals and FAQs section selecting Training File. There is also a training manual with step by step instructions for running reports, which can be found in the top right of the Measures page.

Q15:   Can we use GIQuIC as our PQRS registry for reporting via the office practice? Or is it designed mainly for the Endoscopy Center?

A15:   The GIQuIC data fields and measures are applicable to a setting in which colonoscopies and EGDs are performed.

To satisfy PQRS reporting for any given reporting year, a provider need report only once per one mechanism for each NPI/TIN combination. The majority of providers have only one NPI/TIN combination.

Q16:   If we report PQRS through the office setting, but the providers do endoscopy at a separate endoscopy facility and that facility is reporting under GIQuIC, can we both share data to meet measures for reporting? Or how do you recommend the office setting get info to report measures to GIQuIC?

A16:   To satisfy PQRS reporting for any given reporting year, a provider need report only once per one mechanism for each NPI/TIN combination. The majority of providers have only one NPI/TIN combination. In the scenario described, the providers may wish to determine the reporting mechanism that best suits their needs. If the office practice wishes to view the physician's performance of measures from the GIQuIC registry for their providers, they will need to work with the data manager of the endoscopy facility in order to obtain that information.

Q17:   Are there any negative payment penalties to facilities?

A17:   PQRS reporting is not applicable to facilities. CMS does have facility-based reporting programs. GIQuIC does not report to these programs, namely the ASC Quality Reporting Program and the Hospital Inpatient Quality Reporting Program.

Q18:   Does all the data have to be submitted to the GIQuIC registry in the same way for a colonoscopy record? Can some come across an interface with a vendor and some be manually entered?

A18:   Data for any given case that is submitted via an interface with a GIQuIC certified software vendor must come in with all required data fields completed. However, it is allowable for the case to be submitted without the pathology results and recommended follow-up intervals and then those results may be entered into the registry manually.

Q19:   If we would like to start with GIQuIC but do not yet have the interface established with our endowriter, or software vendor, can we start participating in the registry with doing manual data entry?

A19:   Yes. You can enter cases manually and then switch to entering cases with the interface via your endowriter once that is established.

Q20:   Our physicians are part of GIQuIC through the local hospital and their private endoscopy center. Does the PQRS requirement of 50% reporting of their patients include both places? I don't think the hospital has begun to submit data to the GIQuIC registry.

A20:   Yes, the GIQuIC data for each provider will be aggregated across all participating sites in the GIQuIC registry. Based on the scenario described, it will be important for each provider to ensure 50% of his/her 2016 cases are in the registry. If 50% or more of their cases are done at the endoscopy center, each provider currently meets the requirement. If not, the providers are encouraged to begin submission from the hospital site to ensure the 50% case minimum requirement is met; otherwise, an alternate PQRS reporting mechanism may need to be considered.

Q21: Our physicians use GIQuIC to report PRQS under the Endoscopy Center's TIN. Can we also report using it under the office TIN?

A21: Please verify each provider's individual reporting NPI/TIN combination. Often facility TINs are **not** the TINs a provider should use for reporting. Following is guidance from CMS on where to find a provider's NPI and TIN for reporting to PQRS.

NPI: The individual NPI can be found in form field 24-J of the CMS-1500 claim form. **Individual NPIs** should be used for reporting PQRS**, not the group or facility NPI**. GIQuIC is already populated with each physician's correct NPI.

TIN: The TIN can be found in form field 25 of the CMS-1500 claim form.

Q22: One of our providers changed group practices mid-year and now bills under a new Tax ID Number. Does he need to report to PQRS under both TINs under which he billed in 2016?

A22: CMS requires PQRS reporting only under the current NPI/TIN combination. There is no requirement for the provider to submit data fora previous TIN under which s/he no longer bills.

Q23: If we sign on in June reporting through a GIQuIC-compatible endowriter, will the entire year's data be included? What is the latest timeframe for signing on?

A23: Data for cases prior to when you begin electronic data submission would potentially need to be manually entered. Based on the scenario described, it will be important for each provider to ensure 50% of his/her 2016 cases are in the registry. Providers may wish to assess their potential to meet the 50% minimum case requirement if they start with GIQuIC mid-year by looking at past years' case loads month by month.

It is worth noting that once a site registers with GIQuIC it can begin manually uploading data at any time and can switch to electronic submission at a later date. If the 50% case minimum requirement cannot be met, an alternate PQRS reporting mechanism should be considered. Each provider must attest to meeting the 50% minimum case requirement through the GIQuIC QCDR consent process and each provider is subject to audit should CMS deem it necessary.

Q24: The endoscopy center already uploads data on colonoscopies for quality improvement. How do we also include PQRS for the physicians when data is provided (uploaded) by the endoscopy center?

A24: The same data is being submitted to the registry for quality improvement purposes is also being used to submit to CMS for PQRS for accountability purposes.

Q25: Do you have to provide actual pathology reports to GIQuIC for adenoma detection rate (ADR)?

A25: Using pathology reports you will complete the pathology findings-related fields for each colonoscopy case, as applicable. But the actual path report document is not submitted to the registry.

Q26: If we answer 'No' to Pathology Tissue Obtained in a screening colonoscopy when biopsy only is taken (no polyp), are we at risk with any of the measures? (I don't think follow up interval would be affected by biopsy.)

A26: It is suggested to answer 'Yes' to pathology tissue obtained when it's biopsy tissue, and if the finding of the tissue is consistent with one of the already defined polyp type selections, then

that would be the appropriate selection, or if it's something other (normal mucosa or some other finding) then this can be captured in the "other" data field.

To view the measure logic for each measure, specifically the data fields that make up the numerator and the denominator for any given measure, you can download the "Numerator/Denominator Descriptions" documents for the colonoscopy or EGD measures by logging into the GIQuIC registry home page and finding links to these documents in the User Manuals and FAQs section.