The maintenance of certification (MOC) process recognizes that in addition to medical knowledge, the physician needs to develop and maintain several essential capabilities important to delivering quality care. The Physician Quality Reporting System (PQRS) Maintenance of Certification Program Incentive is a mechanism for an eligible professional (EP) to provide data on quality measures through a “maintenance of certification” program. The Affordable Care Act (ACA). Section 1848 defines the “Maintenance of Certification Program” (MOCP) as a continuous assessment program, such as a qualified American Board of Medical Specialties (ABMS) or equivalent program, that advances quality and the lifelong learning and self-assessment of board certified specialty physicians. Such a program shall include and require a physician to document the following, which we refer to below as the four parts of MOC:

1. **Professional standing**: Maintain a valid, unrestricted medical license in the United States;

2. **Lifelong learning and self-assessment**: Participate in educational and self-assessment programs that require an assessment of what was learned;

3. **Cognitive expertise**: 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

4. **Performance in practice**: Successfully complete a qualified Maintenance of Certification program practice assessment.

The American Board of Radiology (ABR) has received final approval from CMS as the “submitter of data” for ABR diplomates to fulfill both Part 4 of MOC for ABR recertification and qualification for MOCP reimbursement under the ACA.

Beginning in 2011, physicians had the opportunity to earn an additional incentive of 0.5% by working with a Maintenance of Certification entity and by completing the following:

- Satisfactorily submitting data, without regard to method, on quality measures under PQRS, for a 12-month reporting period, either as an individual physician or as a member of a selected group practice, and

- More frequently than is required to qualify for or maintain board certification:
  - Participate in a MOCP, and
  - Successfully complete a qualified MOCP practice assessment.

According to ABR, if you passed the initial board examinations in radiation oncology prior to 1995 and have a lifetime certificate, you are not required to participate in the MOC process. Your lifetime certificate remains valid. However, you are strongly encouraged to participate in the MOC process to demonstrate your commitment to lifelong learning, and to document achievements in your continuing education.

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2 Physician Quality Reporting System (PQRS) was created when the 2006 Tax Relief and Health Care Act (TRHCA) required the establishment of a physician quality reporting system, including an incentive payment for eligible professionals who satisfactorily report data on quality measures for covered professional services furnished to Medicare beneficiaries. PQRS was extended and further enhanced as a result of the Medicare Improvements for Patients and Providers Act of 2009 (MIPPA) in 2008 and the Affordable Care Act (ACA) in 2010.
professional development. Lifetime members who want to take advantage of the 0.5% incentive can register online prior to December 31, 2011. Lifetime members are required to take the recertification exam within 10 years (by 2021) and are also required to complete two self-assessment modules (SAMs) and some practice quality improvement (PQI) activities in 2011.

Lifetime board members would not be penalized for opting out of the MOC process but they would not be eligible for the 0.5% incentive payment from 2012 to 2014. Under the broader PQRS program, they could be penalized 1.5% starting in 2015.

“More frequently” Requirement for Participation in a MOC P

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 2-4 of the Maintenance of Certification Program (MOC) definition.

CMS has left the “more frequent” definition at the discretion of the boards/sponsoring programs but has stated that they do not believe the “more frequent” requirement applies to Part 1, since a physician cannot become licensed “more frequently” than required. If a physician is not required to participate in a MOC to qualify for or maintain board certification status, their participation in the MOC would constitute “more frequent” participation. Furthermore, CMS states that the “more frequently” requirement could be satisfied based on any of the other three requirements of the MOC, such as educational/self-assessment, secure examination, or practice assessment.

Incentive-Based Program Requirements for 2012-2014

In order to earn the additional 0.5 percent incentive for 2012 through 2014, an EP must participate more frequently than is required in at least one of the four parts of the MOC, as well as “more frequent” participation in the practice assessment component.

How an EP completes one of these elements “more frequently” is tied to the specific requirements of Board certification for the particular EP. Some may not be required to participate in a MOC in order to maintain Board certification. As a result, CMS is imposing a uniform requirement for all professionals but leaves it up to the Board to determine the specifics. The minimum threshold for more frequent participation for what is “ordinarily required,” however, includes the following:

1. To be eligible for the applicable program year (i.e. 2012), the EP is responsible for the 12-month reporting period (January 1 to December 31 of the respective program year).

2. For satisfactory reporting under PQRS, the EP may participate as an individual by using individual PQRS measures/measure groups and submitting via claims, a registry, and electronic health record (EHR), or under the group practice reporting option (GPRO).

   • An alternative is reporting under the PQRS based on submission of PQRS data by a MOCP qualifying as a PQRS registry for 2012.

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4 Quality Net: Qnetsupport@sdps.org.
3. To meet satisfactory reporting requirements, the EP must have a qualified medical specialty board submit data on the EP’s participation in a MOCP including the following:

- The EP must “more frequently” maintain board certification, participate in a MOCP for a year, and complete a practice assessment for the given year.

- CMS does not propose how an EP must meet the “more frequently” requirement, but moreso that the given MOCP must determine actions for meeting this requirement.

- CMS is also aware that some specialty boards have varying requirements to maintain board certification, based on the date of original certification. CMS proposes participation in at least one MOCP practice assessment per year (regardless of whether it is required to be board certified). Furthermore, CMS proposes that a qualified MOCP practice assessment must include a survey of patient experience with care.

**Self-Nomination Process**

While some Maintenance of Certification Programs (“Program/s”) underwent a self-nomination process for eligibility into the 2011 PQRS Maintenance of Certification Program Incentive, CMS proposes that a Program approved after the 2011 self-nomination process must submit a self-nomination statement for each year of participation going forward.

For 2012, CMS proposes that diplomates of these Programs go through a self-nomination process by January 31, 2012. Requirements for the self-nomination “statement” include indication of:

1. Detailed information with reference to the statutory requirements for the Program
2. Sponsoring organization of the Program and whether sponsored by an ABMS board
3. Program is in existence as of January 1, 2012
4. At least one active participant
5. The frequency of a cycle of the Program and what constitutes “more frequently” for the Program and Practice Assessment
6. Confirmation from the board of Practice Assessment completion
7. The first year of an available Practice Assessment
8. What data is collected in the patient survey
9. How the Program monitors the EP’s Quality Improvement process
10. Description of the methods, data, and list of measures used in 2011 and those that will be used in 2012.

The sponsoring organizations must provide CMS with a file no later than first quarter 2012 with detailed information regarding the EP who would like to participate in the process (e.g., name, NPI, applicable
TIN(s)), attestation from the Board that the information provided to CMS is accurate and complete, documentation from the EP allowing the information to be released, and information on the patient experience of care survey and the information outlined above. In addition, specialty boards that send CMS PQRS information should be able to meet the requirements for registry data submission.

As an alternative, various boards can submit the MOCP to ABMS and have ABMS submit on the EP’s behalf. Even if the EP participates in multiple Maintenance of Certification Programs, the EP can only qualify for one additional 0.5 percent incentive per year. CMS invites public comment on the Physician Quality Maintenance of Certification Program Incentive for 2012 to 2014.