

## 2018 Merit-based Incentive Payment System (MIPS) Qualified Clinical Data Registry (QCDR) Self-Nomination Fact Sheet

If you want to become a QCDR for the Merit-based Incentive Payment System (MIPS) under the Quality Payment Program for the 2018 performance period, you have to self-nominate and successfully qualify.

### When can my organization self-nominate?

For the 2018 performance period, your organization can self-nominate beginning **September 1 through November 1, 2017**.

### What do I need to know to self-nominate?

- To become a CMS-approved entity for a given performance period, your organization must exist by January 1 of the performance period. For example, to be eligible in the 2018 performance period, your organization must exist by January 1, 2018.
- When you self-nominate, you'll have to send all required information through the web-based tool [JIRA](#) for us to review and approve.
- You have to self-nominate every year. If you want to qualify as a QCDR, you'll need to self-nominate for that year. Just because you qualified in a past year that doesn't mean you'll automatically qualify in future performance periods.

We'll post the list of approved entities on the Quality Payment Program [website](#).

### What is a QCDR?

A QCDR is an entity we approve that collects clinicians' clinical data for submission, such as regional collaboratives and specialty societies for example.

QCDR data submission is different from a qualified registry because it's not limited to MIPS measures. A QCDR may submit at most 30 "QCDR" measures (previously referred to as non-MIPS measures) for CMS review and approval.

QCDRs can submit measures from 1 or more of these categories:

- While the Clinician and Group Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey is typically reported by a CMS-approved survey vendor and is included in the MIPS quality measure set, a QCDR can customize their version of the CAHPS for MIPS measure (for example, by supporting only a subset of the Survey Summary Measures (SSMs)). The QCDR measure version of the CAHPS for MIPS survey would also take non-Medicare beneficiaries into consideration.
- Measures endorsed by the National Quality Forum (NQF)
- Current 2018 MIPS quality measures
- QCDR measures developed by boards or specialty societies
- QCDR measures developed by regional quality collaboratives
- Other measures we've approved

Please note that QCDRs can't be owned or managed by an individual locally-owned single specialty group (for example, single specialty practices with only one practice location or solo practitioner practices).

## What are the requirements to become a QCDR?

Here's what you need to become a QCDR:

### Participants

You must have at least 25 participants by January 1, 2018. These participants don't have to use the QCDR to report MIPS data to us, but they have to submit data to the QCDR for quality improvement.

### Attestation statement

You have to provide a statement during the data submission period to verify that all the data (quality measures, improvement activities, and advancing care information measures and objectives, if applicable) and results are accurate and complete.

### Data Submission

You have to submit data through one of our secure data submission methods, such as a Quality Reporting Document Architecture (QRDA) III or Quality Payment Program data format (JSON, XML). You can find more information about ways to submit data in the [Developer Tools section](#) of the Resource Section of the Quality Payment Program.

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## Data validation report

You have to give us information on how you validate data for individual MIPS eligible clinicians and groups within a data validation plan. You also have to send us the results of your data validation plan by May 31 of the year after the performance period:

- Results of the executed data validation plan must be provided by May 31 of the year following the performance period. You must provide the following to fulfill the requirements of the Data Validation Plan:
  - Name of QCDR
  - Benchmarking capability  
Process of verifying QPP eligibility of MIPS eligible clinicians, groups, and virtual groups (**Please note that virtual group verification is proposed in the Year 2 Quality Payment Program NPRM**)
  - Process of verifying accuracy of Taxpayer Identification Number (TIN)/National Provider Identifier (NPI)
  - Process of calculating reporting and performance rates
  - Process for completion of randomized audit
  - Process for completion of detailed audit

## What information is required to self-nominate?

You have to send us this information when you self-nominate:

- Your organization's name
- Whether it's a new or existing QCDR (approved for a previous year of MIPS and/or Physician Quality Reporting System (PQRS))
- QCDR measure specifications (if submitting QCDR measures)
- Your supported MIPS quality measures
- Your MIPS performance categories
- Performance period
- Your vendor type
- How you'll capture data
- How you'll verify TINs and NPIs
- How you'll calculate performance rates for quality measures (source of clinician's data)
- Your randomized audit process
- Your data validation process
- Whether you're able to give data validation results by May 31st after the performance period
- Your available performance data
- Risk Adjustment Method for QCDR Measures

## What are the measure specification requirements?

You must give your specifications for each QCDR measure that you plan to submit:

- Send descriptions and narrative specifications for each QCDR measure with your self-nomination application no later than November 1 before the applicable performance period.
- Publicly post the measure specifications for each QCDR measure no later than 15 calendar days after we approve these measure specifications and give us the posting link in a comment on your approved JIRA self-nomination form.

**For measures owned by QCDRs and not included in the MIPS**, QCDR measure specifications must include:

- Name or title of measures
- National Quality Strategy (NQS) domain and rationale
- Measure type
- Performance data or evidence to support performance gap
- National Quality Forum (NQF) number, if it applies
- Descriptions of the denominator and numerator
- Descriptions of the denominator exceptions, denominator exclusions, risk adjustment variables, and risk adjustment algorithms, if they apply
- Number of performance rates required for measures
- Overall performance rate information, if more than 1 is required
- Measure type
- High priority status
- Traditional vs. inverse measure
- Proportional, continuous variable, outcome, and ratio measure indicator

**For MIPS measures**, you only need to submit the MIPS measure numbers and the specialty-specific measure sets.



## What is a QCDR measure?

These are QCDR measures:

- A measure that isn't in the annual list of MIPS measures for the applicable performance period.
- A measure that may be in the annual list of MIPS measures but has major differences in how it's submitted by the QCDR.
- A QCDR can customize their version of the CAHPS for MIPS measure (for example, by supporting only a subset of the Survey Summary Measures (SSMs)). The QCDR measure version of the CAHPS for MIPS survey would also take non-Medicare beneficiaries into consideration.

## What are the QCDR measure consideration criteria?

We consider these criteria when we review QCDR measures. Does your measure:

- Focus on a quality action instead of documentation
- Prove to be clinically relevant, harmonized and aligned among all public and private payers
- Report as easy as possible
- Duplicate an existing or a proposed measure
- Development surpass the concept development phase
- Include a data submission method other than claims-based data submission?
- Prove to be outcome-based rather than a clinical process measure
- Address patient safety and adverse events?
- Identify appropriate use of diagnosis and therapeutics?
- Address the domain for care coordination, or patient and caregiver experience?
- Address efficiency, cost and utilization of healthcare resources?
- Address a performance gap or measurement gap?
- Addresses 1 or more of the 6 National Quality Strategy priorities?

We recommend that QCDRs use the [Measure Development Plan](#) and [CMS Blueprint](#) to develop and self-nominate QCDR measures. These types of measures should **NOT** be submitted as QCDR measures:

- Standard of care with the expectation it's performed consistently (low bar)
- Existing topped out
- Incidence

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- Rare occurrence
- Similar to or the same as retired measures
- Without a quality action
- Not in the eligible clinician's control
- Documentation/check box

## What data submission functions must an approved QCDR perform?

After self-nomination and measure review, approved QCDRs must complete the 5 data submission tasks below. Use the following as a checklist:

### 1. Indicate:

- ☐ Certified EHR Technology (CEHRT) data source
- ☐ End-to-end electronic reporting, if it applies
- ☐ Performance period start and end dates
- ☐ Whether you're reporting on advancing care information measures and objectives
- ☐ Whether you're reporting on improvement activities

### 2. Submit:

- ☐ Data and results for all your MIPS performance categories
  - Include all-payer data, not just Medicare Part B patients
- ☐ Results for at least 6 quality measures, with at least 1 outcome measure
  - If an outcome measure isn't available, use at least 1 other high priority measure
  - Give entire distribution of measure results by decile, if available
- ☐ Quality measure ID numbers for quality measures
- ☐ Measure-level reporting rates by TIN/NPI and/or TIN
- ☐ Measure-level performance rates by TIN/NPI and/or TIN
- ☐ Provide performance category feedback at least four times a year for all MIPS-eligible clinicians
- ☐ Sampling methodology for data validation
- ☐ Risk-adjusted results for any risk-adjusted measures
- ☐ Additional details for QCDR measures:
  - Data elements and measure specifications
  - Risk-adjusted results for QCDR quality data
  - Comparison of quality of care by measure, by clinician or group
  - Data from before the start of the performance period, if available
- ☐ All MIPS and QCDR measures posted on a designated public website



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- Provide CMS with the measure specification posting link via a JIRA comment in your approved self-nomination form
- Include specifications for QCDR measures
  - Quality measure ID numbers for quality measures
  - Measure-level reporting rates by TIN/NPI and/or TIN
  - Measure-level performance rates by TIN/NPI and/or TIN
  - Risk-adjusted results for any risk-adjusted measures
  - Sampling methodology for data validation
  - Performance categories feedback at least 4 times a year for all MIPS individual eligible clinicians

### 3. Report on the number of:

- ☐ Eligible instances (reporting denominator)
- ☐ Times a quality service is performed (performance numerator)
- ☐ Times the applicable submission criteria were not met
- ☐ Performance exclusions (denominator exceptions/exclusions)
- ☐ Approved QCDR measures

### 4. Verify and maintain eligible clinician information:

- ☐ Signed verification of clinician names, contact information, services provided, costs charged to clinicians, measures, and specialty-specific measure sets (if applicable).
- ☐ Business agreement(s) with clinicians or groups who provide patient-specific data
  - Ensure the business associate agreement complies with HIPAA Privacy and Security Rules.
  - Include disclosure of quality measure results and data on Medicare and non-Medicare beneficiaries
- ☐ Signed NPI-holder authorization to:
  - Submit data and results to CMS for MIPS
  - Release email address for feedback report distribution
- ☐ Attestations that all data and results are accurate and complete

### 5. Comply with:

- ☐ Any CMS request to review your submitted data
- ☐ Requirement to participate in the mandatory QCDR kick-off meeting and monthly support calls

- ❑ A CMS-approved secure method for data submission
  - An XML or JSON file

If data inaccuracies affect **more than 3%** of your total MIPS-eligible clinicians, you:

- Will be placed on probation due to your low data quality rating
- The QCDR qualified posting will be updated for the performance period to indicate you are on probation

Data inaccuracies that affect **more than 5%** of your total MIPS-eligible clinicians may lead to you being precluded from participating in the following year.

## What if I do not meet the criteria to become a QCDR on my own?

You can become a QCDR through collaboration if you do not meet the criteria of a QCDR on your own, but could do so with another entity.

An entity that uses an external organization for data collection, calculation, or transmission may meet the definition of a QCDR if the entity has a signed, written agreement that specifically details the relationship of the entity with the external organization. This agreement must be effective as of September 1 prior to the performance period.

## What is the overall process to become an approved QCDR?

The overall process includes these steps:

- The vendor completes and submits the self-nomination form, supported measures, and data validation plan through JIRA for CMS review and approval.
- If the self-nomination form and data validation plan are approved, the QCDR measures are reviewed. The measures may be approved, provisionally approved, or rejected.
- The qualified posting is developed for QCDRs that are approved and include contact information, the approved measures, performance categories supported, services offered, and costs incurred by clients. All approved QCDRs are included in the qualified posting that is posted on the CMS Quality Payment Program website.
- Approved QCDRs are required to support the services and measures listed on their qualified posting as a condition of participation in MIPS. Failure to do so will preclude the QCDR from participation in MIPS in the subsequent year.



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## Resources

- **QCDR Support Calls** - CMS will hold mandatory support calls for QCDRs that are approved to participate in the performance period they have self-nominated to be considered for. These support calls will be held approximately once a month, with the kick-off meeting being the first of the monthly calls. The support calls address reporting requirements, steps for successful submission, and a question and answer session. Attendance to all support calls is mandatory, and is a requirement of participation as an approved QCDR.
- **Quality Payment Program Listserv** - The Quality Payment Program listserv will provide news and updates on new resources, website updates, upcoming milestones, deadlines, CMS trainings, and webinars. To subscribe, visit the [Quality Payment Program](#) website and select “Subscribe to Updates” at the bottom of the page or in the footer.
- **[Quality Payment Program Website](#)** - Educational documents for QCDR participation will be available on the website to help support you in your submission process.
- **Quality Payment Program Service Center** - If you have any questions, the Quality Payment Program Service Center is here to help and will be able to direct your call to the appropriate staff to best meet your needs. You can reach the Quality Payment Program Service Center at 1-866-288-8292 or 1-877-715-6222 (TTY) Monday – Friday, 8:00 AM – 8:00 PM Eastern Time or via email at [QPP@cms.hhs.gov](mailto:QPP@cms.hhs.gov).
- **The Self-Nomination User Guide** - This guide will be posted on the Resource Library tab of the Quality Payment Program website, and provides step-by-step instructions for entities looking to become an approved QCDR for the 2018 MIPS program year.