

2019 Merit-Based Incentive Payment System (MIPS) Program: Self-Nomination User Guide for Qualified Clinical Data Registries (QCDRs) and Qualified Registries

[August 2018]



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Introduction

Purpose

The 2019 Self-Nomination User Guide provides prospective Qualified Registries and Qualified Clinical Data Registries (QCDRs) with guidance on how to self-nominate for the 2019 performance period of the Merit-Based Incentive Payment System (MIPS) program. The intent of the guide is to provide vendors with step-by-step instructions on the data needed to populate, complete, and submit a completed self-nomination form for the Centers for Medicare & Medicaid Services (CMS) consideration.

Background

The self-nomination form is available through the Office of the National Coordinator's web-based tool, [JIRA](#), and should be accessed and utilized by vendors seeking to participate in MIPS for the 2019 performance period as a Qualified Registry and/or QCDR.

The **Qualified Registry** self-nomination form contains the following tabs (please note, you are required to populate all required fields and tabs prior to submitting your self-nomination for CMS review):

- Field Tab – contains background information about the self-nomination process, deadlines, and requirements.
- 2019 Qualified Registry Self-Nomination Tab – Vendors are required to enter their demographic and contact information, data collection methods, and indicate their reporting options, performance categories and services supported. All fields marked with an asterisk (*) are required.
- Improvement Activities Supported Tab – Vendors may select the Improvement Activities supported by the Qualified Registry for the 2019 MIPS performance period (if applicable).
- Promoting Interoperability Measures Supported Tab – Vendors may select the Promoting Interoperability measures and objectives supported by the Qualified Registry for the 2019 MIPS performance period (if applicable).
- Individual Measures Tab – Vendors are required to select the individual MIPS Quality Measures supported by their Qualified Registry for the 2019 MIPS performance period. Qualified Registries must support at least six Quality Measures, with at least one outcome measure. If an outcome measure is not available, at least one other High Priority measure should be used.
- MIPS-eCQMs Tab – Vendors may specify the eCQMs supported by the Qualified Registry for the 2019 MIPS performance period (if applicable).
- 2019 Qualified Registry Data Validation Plan Tab – Vendors are required to specify the methodology that will be used to validate the data submitted for the 2019 MIPS performance period. All fields marked with an asterisk (*) are required.

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- Resources Tab – Includes links to the 2019 self-nomination form user guide and Qualified Registry Fact Sheet.

Please refer to the [2019 Qualified Registry Fact Sheet](#) located in the [Quality Payment Program Resource Library](#) for additional information on the Qualified Registry participation requirements.

The **QCDR** self-nomination form contains the following tabs (please note, you are required to populate all required fields and tabs prior to submitting your self-nomination for CMS review):

- Field Tab – contains background information about the self-nomination process, deadlines, and requirements.
- 2019 QCDR Self-Nomination Tab – Vendors are required to enter their demographic and contact information, data collection methods, indicate their reporting options, performance categories and services supported. All fields marked with an asterisk (*) are required.
- Improvement Activities Supported tab – Vendors may select the Improvement Activities supported by the QCDR for the 2019 MIPS performance period (if applicable).
- Promoting Interoperability Measures Supported tab – Vendors may select the Promoting Interoperability measures and objectives supported by the QCDR for the 2019 MIPS performance period (if applicable).
- Individual Measures Tab – Vendors may select the individual MIPS Quality Measures supported by the QCDR for the 2019 MIPS performance period. QCDRs must support at least six Quality Measures, with at least one outcome measure. If an outcome measure is not available, at least one other High Priority measure should be used.
- MIPS - eQCMs Tab – Vendors may specify the eQCMs supported by the QCDR for the 2019 MIPS performance period.
- 2019 QCDR Data Validation Plan Tab – Vendors are required to specify the methodology that will be used for validating the data submitted for the 2019 MIPS performance period. All fields marked with an asterisk (*) are required.
- Uploads Tab – Allows vendors to upload their benchmarking methodology, QCDR measures, supplemental QCDR measure documentation, and/or data validation plan. Please utilize the QCDR measure template to submit your QCDR measures for CMS review and consideration.
- Resources Tab – Includes links to the 2019 self-nomination form user guide, QCDR Measure Handbook, QCDR Fact Sheet, QCDR Measure Template and June 2018 QCDR Measure Development Work Group Presentation.

Please refer to the [2019 QCDR Fact Sheet](#) located in the [Quality Payment Program Resource Library](#) for additional information on the QCDR participation requirements.

In order to be considered for the 2019 performance period, prospective QCDRs and/or Qualified Registries will be required to submit their complete self-nomination form (inclusive of: MIPS Quality Measures, QCDR measures (QCDRs only), data validation plan) by 5:00 pm Eastern Time (ET) on November 1, 2018.

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All required components of the self-nomination form must be received by the deadline in order for the vendor to be considered. Vendors who intend on participating in MIPS as a Qualified Registry and QCDR **must complete and submit a self-nomination form for each vendor type** for the 2019 performance period.

Failure to meet participation requirements may result in the vendor being placed on probation and/or may impact your status as a Qualified Registry and/or QCDR in the current or future program years of MIPS. CMS will post two Qualified Postings for approved QCDRs and Qualified Registries that can be utilized by MIPS eligible clinicians, groups, and virtual groups who may select a Qualified Registry or QCDR as their method of data submission in MIPS. Additional resources regarding MIPS 2019 performance period can be found on the Quality Payment Program website at <http://www.qpp.cms.gov/>.

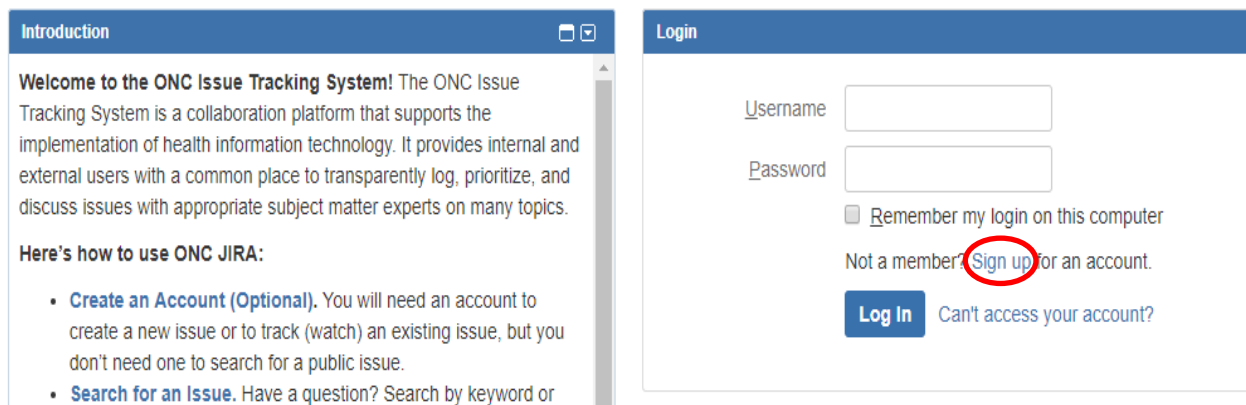
Accessing the JIRA System

Sign Up for a JIRA Account

If you do not have a user account, you must create a user account.

1. Navigate to [JIRA](#).
2. Click on **Sign up**.

System Dashboard

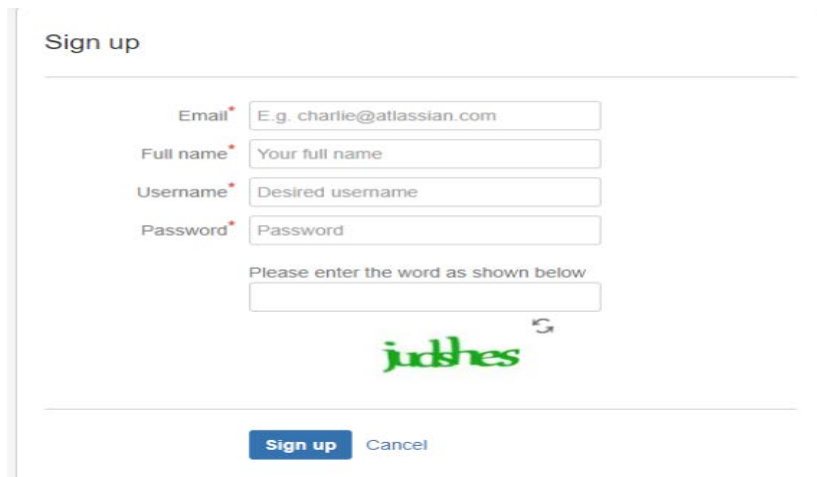


The screenshot displays the JIRA System Dashboard. On the left, the 'Introduction' section welcomes users to the 'ONC Issue Tracking System' and provides instructions on how to use JIRA, including creating an account and searching for issues. On the right, the 'Login' section contains fields for 'Username' and 'Password', a checkbox for 'Remember my login on this computer', and a link to 'Sign up for an account'. The 'Sign up' link is circled in red. Below the login fields are buttons for 'Log In' and a link for 'Can't access your account?'.



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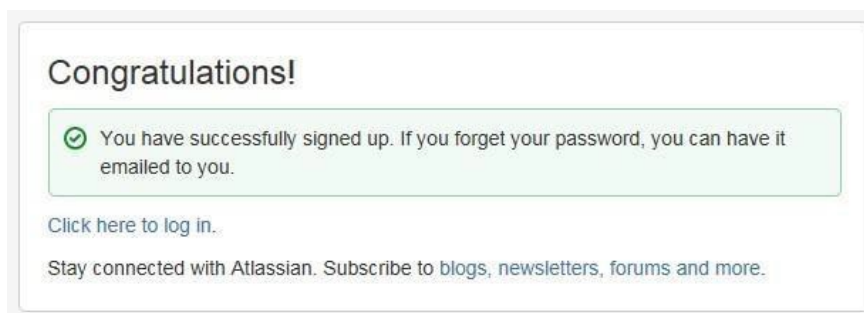
3. Populate the fields on the Sign-up screen.



The sign-up form is titled "Sign up" and contains the following fields and elements:

- Email:** A text input field with a red asterisk and the placeholder "E.g. charlie@atlassian.com".
- Full name:** A text input field with a red asterisk and the placeholder "Your full name".
- Username:** A text input field with a red asterisk and the placeholder "Desired username".
- Password:** A text input field with a red asterisk and the placeholder "Password".
- Captcha:** A text input field with the instruction "Please enter the word as shown below" and a green "judhes" captcha image.
- Buttons:** A blue "Sign up" button and a "Cancel" link.

4. Click the **Sign-up** button to create your account.
5. Once an account is created, you will receive a confirmation.

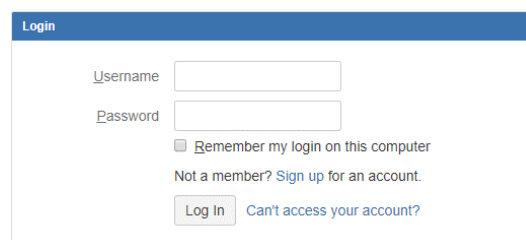


The confirmation message is titled "Congratulations!" and contains the following elements:

- Message:** A green checkmark icon followed by the text "You have successfully signed up. If you forget your password, you can have it emailed to you."
- Link:** A link that says "Click here to log in."
- Text:** "Stay connected with Atlassian. Subscribe to [blogs](#), [newsletters](#), [forums](#) and more."

Log in to JIRA

1. Enter your **Username** and **Password** and click the Log In button.



The login form is titled "Login" and contains the following fields and elements:

- Username:** A text input field.
- Password:** A text input field.
- Remember me:** A checkbox labeled "Remember my login on this computer".
- Not a member?** A link that says "Sign up for an account."
- Buttons:** A "Log In" button and a "Can't access your account?" link.

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Note: Selecting the “Remember my login on this computer” check box will prevent you from being automatically logged out of JIRA on a given browser and computer. However, your session will not be preserved, e.g. last search, current project, etc.

2. If you have not changed your [JIRA home page](#), the [dashboard](#) will be displayed. Otherwise, your chosen JIRA home page will be displayed instead.

Tips

Please consider the following tips as you prepare to self-nominate:


- Qualified Registries and QCDRs must enter into and maintain a HIPAA compliant Business Associate Agreement with its participating MIPS eligible clinicians, groups or virtual groups that provides for receipt of patient-specific data. The Business Associate Agreement must account for the disclosure of Quality Measure results, numerator and denominator data, and/or patient-specific data on Medicare and non-Medicare beneficiaries on behalf of MIPS eligible clinicians, groups or virtual groups.
- All prospective Qualified Registries and QCDRs must submit their self-nomination form via the [JIRA](#) web-based tool. No other self-nomination form submission methods will be accepted.
- Prepare the information needed to complete the self-nomination, measure information and Data Validation Plan in advance of the attempt to self-nominate via JIRA. Please note that the JIRA system will lock after five hours.
- The time required to complete this information collection is estimated to average ten hours per self-nomination, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the self-nomination form.
- All fields marked with a red asterisk (*) are required.
- Fields marked with a (+) symbol are indicative of information that will be included in the Qualified Posting if your self-nomination form is approved.
- Do not click Create until all the required fields of all tabs have been completed. You will not be able to successfully create a ticket unless all the required fields of all tabs have been filled out. Once created, you may go back and edit your submission **until 5:00 p.m. ET on November 1, 2018.**
- Comment functionality is available in the [JIRA](#) web-based tool. It may be used for specifying any updates that have been applied to the self-nomination and/or for letting CMS know about any changes to the QCDR measures. Refer to “Modifying a JIRA Ticket” section of this User Guide for additional information.
- If you have questions about the 2019 Quality Payment Program Self-Nomination Form, please contact the Quality Payment Program at QPP@cms.hhs.gov or toll free at 1-866-288-8292.




Creating a JIRA Self-Nomination Form (prospective QCDRs/Qualified Registries or existing QCDRs/Qualified Registries not in good standing)


Create a JIRA issue


1. Click Create Issue.
2. Select the 2019 Quality Payment Program Self-Nomination Form under the Project drop down list.


Project*  2019 QPP Self-Nomination For ▼

Issue Type* ☒ QCDR ▼ 

3. Select your vendor type under the Issue Type dropdown – Registry or QCDR. Please ensure you have selected the correct vendor type, as this may affect your application. If you would like to self-nominate to become a Qualified Registry and QCDR, you must complete an application for each vendor type.

Project*  2019 QPP Self-Nomination For ▼

Issue Type* ☒ QCDR ▼ 

 Registry

Field Tab	2019 Qualified Clinical Data Registry (QCDR) Self-Nomination	Improvement Ac
Promoting Interoperability Measures Supported	Individual Measures	MIPS - eCQMs
2019 QCDR Data Validation Plan	Uploads	Resources


4. The appropriate self-nomination form will appear below. To navigate through the form's tabs, click on the tab you wish to begin populating.

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Populating the 2019 Self-Nomination Form Tab

Disclaimer: A majority of the screenshots used in this User Guide were taken from the QCDR self-nomination form. Corresponding fields of the Qualified Registry self-nomination form may differ slightly.

Please note that the “Populating the 2019 Self-Nomination Form Tab” process should be completed by prospective QCDRs/Qualified Registries or existing QCDRs/Qualified Registries that currently are not in good standing (i.e., on probation). Existing QCDRs/Qualified Registries in good standing may refer to the “Populating the 2019 Simplified Self-Nomination Form” section of the User Guide for information on self-nominating for the 2019 MIPS performance period.

Project*  2019 QPP Self-Nomination For ▼

Issue Type* ☒ QCDR ▼ ?

Field Tab	2019 Qualified Clinical Data Registry (QCDR) Self-Nomination	Improvement Activities Supported
Promoting Interoperability Measures Supported	Individual Measures	MIPS - eCQMs
2019 QCDR Data Validation Plan	Uploads	Resources

1. Enter the name of your prospective QCDR or Qualified Registry and name of the QCDR or Qualified Registry, if different from the organization. The QCDR or Qualified Registry name will be used as your QCDR or Qualified Registry name for CMS purposes.

+ Organization*
Name

+ QCDR name, if*
different from
Organization Name,
to be displayed on
the Qualified
Posting



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2. Enter the mailing address for your prospective QCDR or Qualified Registry.

+ Street Address *

+ Suite *

+ City *

+ State * ▼

+ Zip Code *

3. Enter the prospective QCDR's or Qualified Registry's contact information. The "Telephone Number" field should be populated as (XXX) XXX-XXXX.

+ Website *
Type 'N/A' only if there is no website

+ Telephone *
Number
(XXX) XXX-XXXX

4. Fill out the Application Title field. This field should include your prospective QCDR or Qualified Registry name followed by "Form Submission."

Application Title *
Please indicate how you would like your self-nomination form to be saved, for example ABCD QCDR

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5. Enter names of others in your prospective QCDR or Qualified Registry that should have the ability to view this issue. Please ensure that **all** of the “Vendor Organization Staff” monitor their email accounts for JIRA notifications. Person(s) entered must register to have a JIRA account.

Vendor Organization
Staff



Start typing to get a list of possible matches.

Start typing to get a list of possible matches Enter names of others in your organization who should have the ability to view this issue. Person(s) entered must have a JIRA account.

6. Indicate if this is a new or existing QCDR or Qualified Registry that participated under MIPS and/or PQRS. Please note that “None” is not a valid answer and will generate an error message.

Are you a new or
existing QCDR
under MIPS?

None ▼

7. Indicate your prospective QCDR's or Qualified Registry's vendor type. If “Health IT Vendor” or “Other” is selected, please specify.

Vendor type

None ▼

Please specify if
Health IT vendor or
Other is selected
above

8. Select all applicable years your prospective QCDR or Qualified Registry has participated in MIPS and/or PQRS as a QCDR or Qualified Registry (select N/A if not applicable).



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List which years of
MIPS you have
participated in
(Select N/A if not
applicable)

2017	^
2018	
N/A	
	v

Hold the Ctrl button down to select multiple years.

Click first option, then hold select and click last option to select all years.

List which years of
PQRS you have
participated in
(Select N/A if not
applicable)

2014	^
2015	
2016	
N/A	
	v

Hold the Ctrl button down to select multiple years.

Click first option, then hold select and click last option to select all years.

9. Enter any other aliases or acronyms your prospective QCDR or Qualified Registry currently uses or has used for participation as a QCDR or Qualified Registry in previous program years.

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+ Does your entity have an alias; such as an acronym or abbreviation, that can be used in communications to the organization? If yes, please provide all other names.

List any previous aliases your entity used while participating under MIPS (Type N/A if not applicable)

List any previous aliases your entity used while participating under PQRS (Type N/A if not applicable)

10. Please indicate your prospective QCDR's related clinical specialty (**QCDRs only**).

Please indicate the QCDR related specialty

11. Describe how your prospective QCDR meets the definition of a QCDR. Please note that reiterating CMS's definition of a QCDR does not suffice as justification as how your prospective QCDR meets the definition. Please describe how your prospective QCDR supports quality improvement. Does your prospective QCDR have experience collecting data? Does your prospective QCDR have experience with measure development? (**QCDRs Only**)



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Describe how your
QCDR meets the
definition of a QCDR

Please note that reiterating CMS's definition of a QCDR does not suffice as justification as how your organization meets the definition. A QCDR is defined as a CMS-approved vendor that collects clinical data on behalf of clinicians for data submission. Examples include, but are not limited to, regional collaboratives, specialty societies, or large healthcare systems. Please note that QCDRs cannot be owned or managed by an individual, locally-owned specialty group. Clinicians work directly with their chosen QCDR to submit data on the selected measures or specialty set of measures they have picked.

12. Does the prospective QCDR plan to risk adjust the Quality Measures data that is integrated with the measure specifications? Please select Yes or No. **(QCDRs only)**

Plan to risk adjust? ☐ Yes
☐ No

Can the entity demonstrate that it has a plan to risk adjust the quality measures data that is integrated with the measure specifications?

13. Indicate the cost information as well as the type of services your prospective QCDR or Qualified Registry provides. If approved, this information will be included in the prospective QCDR's or Qualified Registry's Qualified Posting. Please include frequency (monthly, annual, per submission) and if the cost is per provider/practice.

+ Cost information to
be displayed on the
Qualified Posting

Please include frequency (monthly, annual, per submission) and if the Cost is per provider/practice.

+ Services Included
in Cost

14. Indicate the latest date your perspective QCDR or Qualified Registry can accept new clients. Please add the date as MM/DD/YYYY. The performance period starts on January 1, 2019 and ends December 31, 2019. The submission period begins January 02, 2020 and ends March 31, 2020.



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+ Until what date*
would your QCDR
accept new clients?*



(Reminder: The
performance period
starts on January 01,
2019 and ends
December 31, 2019.

The submission
period begins
January 02, 2020 and
ends March 31,
2020.)

Please add the date as MM/DD/YYYY

15. Indicate the data collection method(s) your prospective QCDR or Qualified Registry supports, select the performance category(ies) you will be supporting, and which reporting options you will support. If "Other" is selected, please specify the data collection method in the corresponding field.

Data Collection*
Method

- ☐ Claims
- ☐ Electronic Health Record
- ☐ Practice Management System
- ☐ Registry
- ☐ Web-based Tool
- ☐ Other

Data Collection
Other

+ Reporting for:*

- ☐ Improvement Activities
- ☐ Promoting Interoperability
- ☐ Quality

+ Reporting Options*
Supported

- ☐ Individual MIPS Eligible Clinicians
- ☐ Group
- ☐ Virtual Group



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16. Enter a program contact, clinical contact, and technical contact information. **Please note, you are required to provide three unique points of contact for these three fields, entering only one point of contact is not acceptable.** If you would like to add additional points of contact to be included in the email distribution to receive program announcements and support call information (if approved), please add the email address(es) in the “Additional Contact Email Addresses” field.

Program Contact*
Name

Program Contact*
Email Address

Program Contact*
Phone Number

Please provide an extension, if applicable.

Clinical Contact*
Name

Clinical Contact*
Email Address

Clinical Contact*
Phone Number

Please provide an extension, if applicable.

Technical Contact*
Name

Technical Contact*
Email Address

Technical Contact*
Phone Number

Please provide an extension, if applicable.

Additional Contacts
Email Address

These email addresses will be included in the distribution list that will receive program announcements and support call information.



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Note: Please provide one program, one clinical, and one technical point of contact's name, email address, and phone number. **Please note that the information provided for each point of contact (POC) must be different and representative of at least three unique POCs. Listing the same individual as the Program, Clinical, and Technical POC is not acceptable.** This contact information will only be used in relation to your potential participation in the program. To ensure JIRA notices are received, please have these contacts add ONC JIRA to their safe/approved senders list.

17. Review the statement in the gray box and enter your name to indicate that you are attesting to meeting the participation requirements. In addition, please review and answer the self-attestation questions and indicate if your prospective QCDR or Qualified Registry is able to meet these program requirements.

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QCDR Participation Requirements

By signing and submitting this self-nomination form, you are attesting to your QCDR's ability to meet the following requirements of participation for the 2018 performance period under the Quality Payment Program:

- **Participants:** You must have at least 25 participants by January 1, 2019. These participants do not need to use the Qualified Registry to report MIPS data to CMS, but they must submit data to the Qualified Registry for quality improvement. Please note that your system must be implemented and able to accept data should a clinician, group or virtual group wish to submit data on the approved MIPS quality measures by January 1, 2019.
- **Certification Statement:** During the data submission period, you must certify that data submissions are true, accurate, and complete to the best of your knowledge. If you become aware that any submitted information is not true, accurate, and complete, you will correct such information promptly; and understand that the knowing omission, misrepresentation, or falsification of any submitted information may be punished by criminal, civil, or administrative penalties, including fines, civil damages, and/or imprisonment.
- **Data Submission:** You must submit data via a CMS-specified secure method for data submission, such as a defined Quality Payment Program data format. Additional information regarding data submission methodologies can be found in the Developer Tools section of the Resource Section of the Quality Payment Program website: <https://qpp.cms.gov/developers>
- **Data Validation Plan:** You must provide information on your process for data validation for individual MIPS eligible clinicians, groups and virtual groups within a data validation plan.
- **Data Validation Execution Report:** You must execute your 2019 Data Validation Plan and provide us with the results (i.e., Results of the randomized/detailed audits? Were there any calculation issues? If so, why did they occur and what was done to remediate?). The Data Validation Execution Report should be provided by May 31st, 2020. A late submission of your Data Validation Execution Report from your Qualified Registry will be seen as non-compliance with program requirements and may result in probationary status or disqualification in future program years.
- **Performance Category Feedback Reports:** Provide performance categories feedback at least four times a year for all individual MIPS eligible clinicians:

Submitter Name *



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I attest that as a * ☐ Yes
QCDR, I will attend ☐ No
all mandatory
support calls,
inclusive of the kick-
off meeting. If I
cannot attend, I will
ensure that my
QCDR is
represented by
another member of
my team.

I attest that as a * ☐ Yes
QCDR, I have had ☐ No
previous experience
collecting and
transmitting data
through a registry
type platform, and
can meet
submission needs
from a technical
perspective.

I attest that as a * ☐ Yes
QCDR that we will ☐ No
have our approved
QCDR up and
running, and able to
accept data from
eligible clinicians,
groups or virtual
groups starting on
January 1 of the
performance period.

I attest that I * ☐ Yes
understand the ☐ No
QCDR qualification
criteria and the
program
requirements, and
will meet all program
requirements (such
as providing timely
feedback to
clinicians and
submitting a timely
data validation
execution report to
CMS).



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I attest that I ^{*} ☐ Yes
understand as a ☐ No
QCDR that failure to
meet qualification
criteria and
compliance with
program
requirements may
result in my QCDR
being placed on
probation or being
precluded from
participation in MIPS
in the future.

Populating the Improvement Activities Supported Tab

1. Click the **Improvements Activities Supported** tab.
2. The list of supported Improvement Activities will appear.



Field Tab	2019 Qualified Clinical Data Registry (QCDR) Self-Nomination	Improvement Activities Supported
Promoting Interoperability Measures Supported	Individual Measures	MIPS - eCQMs
2019 QCDR Data Validation Plan	Uploads	Resources

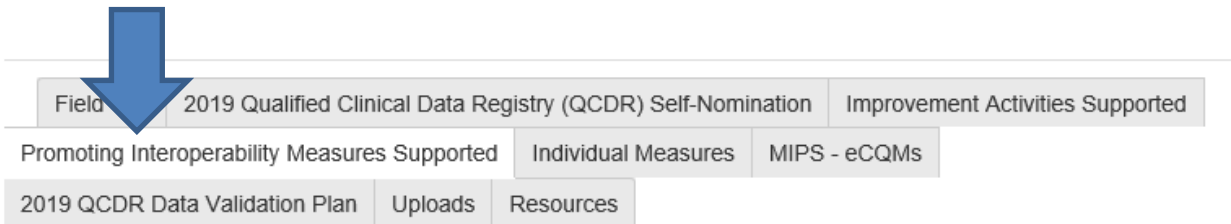
3. Select from the list all the Improvement Activities that you will support. Each individual activity selected will show in a shaded format. Hold the Ctrl button down to select multiple activities. Select "All", instead of selecting each Improvement Activity from the drop down if you will support all the Improvement Activities.
4. If you would like to verify all the activities that you have selected, go to the **"Improvement Activities Supported"** tab. Click on the blue number. It will expand so you can see all the activities you selected.



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Populating the Promoting Interoperability Measures Supported Tab

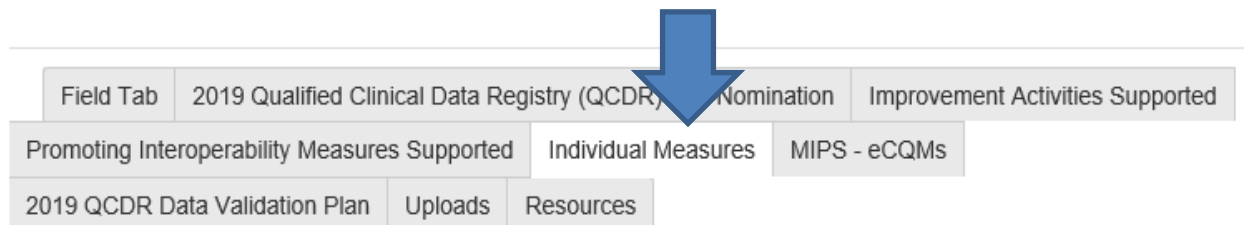
1. Click the **Promoting Interoperability Measures Supported** tab.



2. The list of supported Promoting Interoperability measures and objectives will appear.
3. Select from the list all the Promoting Interoperability measures and objectives that you will support. Each individual measure or objective selected will show in a shaded format. Hold the Ctrl button down to select multiple measures. Select "All", instead of selecting each Promoting Interoperability measure and objective from the drop down if you will support all the Promoting Interoperability measures and objectives.
4. If you would like to verify all the measures that you have selected, go to the **"Promoting Interoperability Measures Supported"** tab. Click on the blue number. It will expand so you can see all the measures and objectives you selected.

Populating the Individual MIPS Quality Measures Tab (QCDR/Qualified Registry)

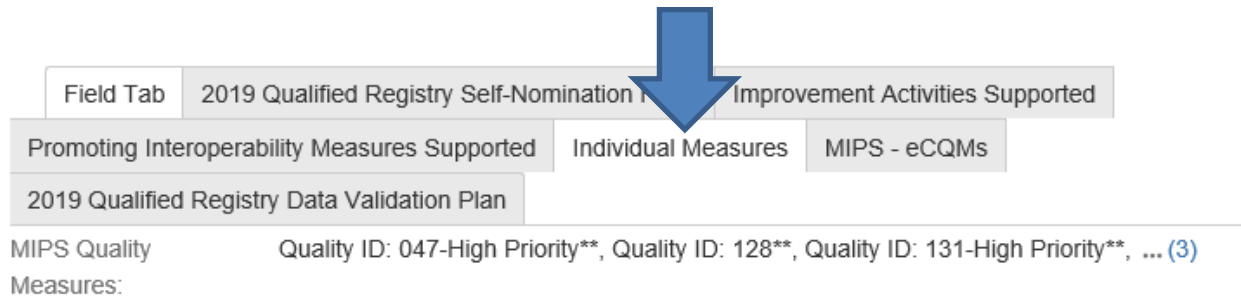
1. To add individual MIPS Quality Measures, click the **Individual Measures** tab.



2. The list of Individual Measures will appear.
3. Review and select individual MIPS Quality Measures by following the field instructions located under each domain/individual measure selection window. You must support a minimum of six measures, including one outcome measure or one High Priority measure if an outcome measure is not applicable. Each individual measure selected will show in a shaded format. Hold the Ctrl button down to select multiple measures. Select "All MIPS Registry Eligible Measures", instead of selecting each MIPS Quality Measure from the drop down if you will support all the MIPS quality registry measures.

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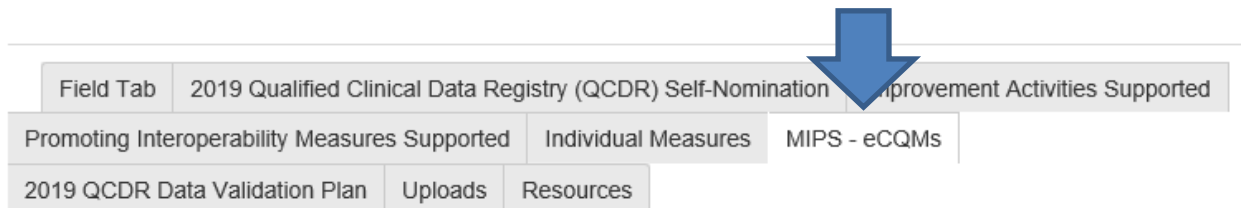
- If you would like to verify all the measures that you have selected, go to the **"Individual Measures"** tab. Click on the blue number. It will expand so you can see all the measures you selected.



- After your ticket has been submitted, the saved individual MIPS Quality Measures will show on the Form Submission page, at the top left of the **"Individual Measures"** tab.
Note: Saving selected measures does not occur until measures are completely entered. Therefore, it is recommended that you have all your reference material (e.g., Measures List, etc.) at the time of entry.
- To edit your individual MIPS Quality Measures, refer to the "Modifying a JIRA Ticket" section of this User Guide.

Populating the MIPS eCQMs Tab (QCDR/Qualified Registry)

- Click the **MIPS – eCQMs** tab. The eCQMs list will appear.



- Review and select MIPS eCQMs by following the field instructions located under the **MIPS - eCQM** list. Select from the **MIPS – eCQM** measures list, all individual eCQMs that you will support. Each eCQM selected will show in a shaded format. Hold the Ctrl button down to select multiple measures. Select "All available eCQMs", instead of selecting each MIPS eCQM from the drop down if you will support all the MIPS eCQMs.
- After your ticket has been submitted, the saved MIPS eCQMs will show on the Form Submission page

Submitting the Data Validation Plan (QCDR/Qualified Registry)

On this tab, you will be asked to specify the methodology your prospective QCDR or Qualified Registry will use for validating the data being submitted to CMS. **All fields are required to be populated.** The Data Validation Plan can either be populated into the pre-formulated fields in JIRA or uploaded as an attachment in JIRA. If attaching the data validation plan, you may populate the fields as “see attached”. **If both the pre-formulated fields are complete and a Data Validation Plan is uploaded as an attachment, CMS will only review the information populated in the pre-formulated fields for purposes of satisfying the Data Validation Plan requirement.**



Populating the Data Validation Plan Tab

1. Enter the vendor name.

Name of the QCDR*

Enter the name of the QCDR entity. (Do not list the name of the organization.)

2. Indicate whether you have benchmarking capability (QCDR only).

Benchmarking* ☒ Yes
Capability? ☐ No

Does the entity have benchmarking capability to compare the quality of care an Eligible Clinicians and QPP group practice provides to others performing the same and similar functions?

Please provide benchmarking methodology as available, as an attachment under the “Uploads” tab.

If you click “Yes”, please provide your benchmarking methodology, if available, as an attachment under the Uploads tab. The name of the file should be **Benchmarking Methodology QCDR Name**. Please refer to page 23 of this User Guide for additional information.

3. Describe how your prospective QCDR or Qualified Registry will verify MIPS eligibility for each eligible clinician, group and/or virtual group. **Please note that eligible clinician, group or virtual group self-attestation does not suffice.**



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How will your
organization verify
MIPS eligibility of
each Eligible
Clinician/Group/Virtu
al Groups?

Describe how your QCDR or Qualified Registry will verify the eligibility of each Eligible Clinician, Group and/or Virtual Group participating in MIPS (i.e., verify they are Medicare provider and bill Medicare Part B services). Please note that eligible clinician, group or virtual group self-attestation does not suffice.

4. Describe how your prospective QCDR or Qualified Registry will verify accuracy of Tax Identification Numbers (TINs) and/or National Provider Identifiers (NPIs). **Please note that eligible clinician, group or virtual group self-attestation does not suffice.**

How will your
organization verify
accuracy of
TIN/NPIs?

Indicate the method your organization will use to verify the accuracy of each Tax Identification Number (TIN) and National Provider Identifier's (NPI) you are intending to submit (i.e. NPPES, CMS claims, tax documentation). Please note that eligible clinician, group or virtual group self-attestation does not suffice.

5. Indicate the method your prospective QCDR or Qualified Registry will use to calculate reporting and performance rates (i.e., formulas included in the Quality Measure Specifications).

What method will
your organization
use to calculate
reporting and
performance rates?

Describe the method that your organization will use to accurately calculate (both reporting rates and performance rates) for measures based on the appropriate measure type and specification (i.e., formulas included in the Quality Payment Program measure specification).

6. Describe the method your prospective QCDR or Qualified Registry will use to verify that only 2019 MIPS Quality Measures and QCDR measures are utilized for MIPS submission.

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How will your
organization verify
2019 MIPS Quality
Measures/QCDR
measures are
utilized for
submission?

Describe the method your organization will use to verify that only the 2019 MIPS Quality Measures and QCDR measures are reported on for MIPS.

7. Describe the process used for completion of randomized audits. **Please note that the Randomized Audit Plan cannot be the same as the Detailed Audit Plan.**

Describe the
process used for
completion of
randomized audit.

Describe the process that the entity will use for the completion of a randomized audit of a subset of data prior to the submission to CMS. Periodic examinations may be completed to compare patient record data with submitted data and/or ensure the MIPS measures were accurately reported based on the appropriate measure specifications (that is, accuracy of numerator, denominator, and exclusion criteria). The QCDR must provide their sampling methodology that would be used to conduct the audits. The QCDR, at a minimum must meet the following sampling methodology in order to meet participation requirements: Sample 3% of the TIN/NPIs submitted to CMS by the QCDR, with a minimum of 10 TIN/NPIs or a maximum sample of 50 TIN/NPIs. At least 25% of the TIN/NPI's patients (with a minimum sample of 5 patients or a maximum sample of 50 patients) should be reviewed for all measures applicable to the patient. Please note that the Randomized Audit Plan cannot be the same as the Detailed Audit Plan.

8. Describe the process used for completion of detailed audits if data inaccuracies are identified during the Randomized Audit.

Describe the
process used for
completion of
detailed audit.

Describe the process for completing a detailed audit if the QCDR's validation reveals inaccuracy and describe how this information will be conveyed to CMS. For example: random sampling and validation checks. Refer to the 2019 QCDR Vendor Criteria.

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9. Check the box to attest that, per the requirements, your QCDR or Qualified Registry has the ability to randomly request and receive documentation from providers to verify accuracy of data. Your QCDR or Qualified Registry also attests that it has the ability to provide CMS access to review the Medicare beneficiary data on which 2019 performance period MIPS data submissions are based or provide to CMS a copy of the actual data (if requested for validation purposes).

Ability to Audit^{*} ☐ Yes

Please check the box to attest that, per the requirements, entity has the ability to randomly request and receive documentation from providers to verify accuracy of data. Entity will provide CMS access to review the Medicare beneficiary data on which 2019 Quality Payment Program QCDR-based submissions are based or provide to CMS a copy of the actual data (if requested for validation purposes).

Uploading a Qualified Registry Data Validation Plan as an Attachment

If you choose to upload your Data Validation Plan as an attachment, please do so using the Attachment option at the bottom of the 2019 Qualified Registry Data Validation Plan tab, as shown below. The name of the file should be:

2019DataValidationPlan_<YourQualifiedRegistryName>. If solely attaching the Data Validation Plan, be sure to populate the fields as “see attached”.

Attachment



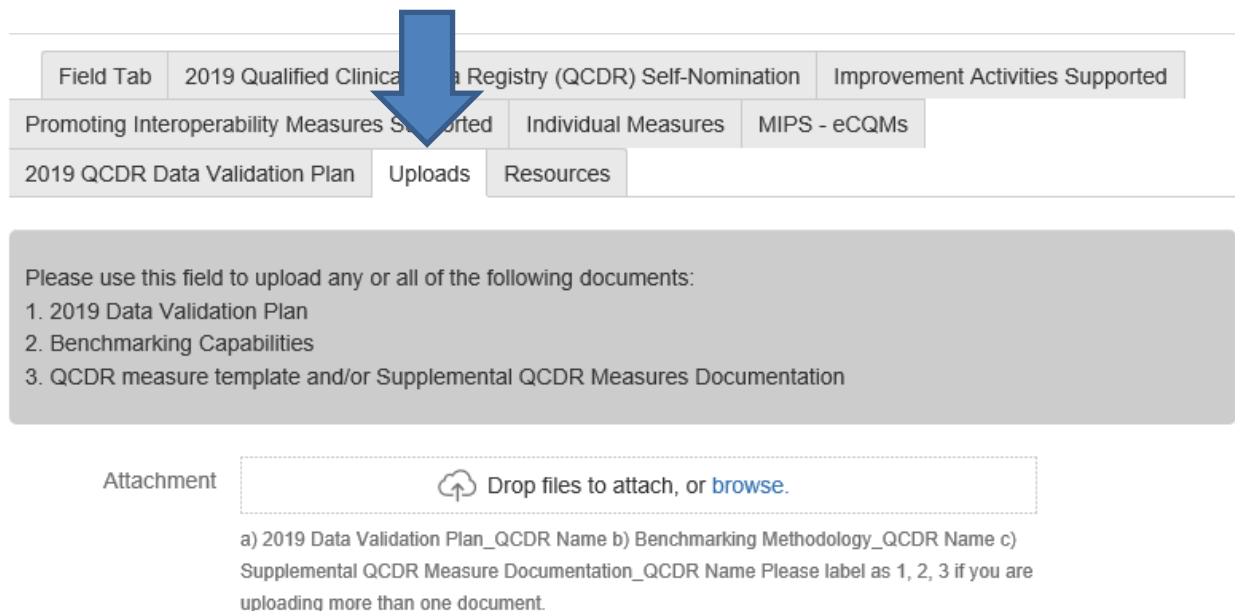
Drop files to attach, or [browse](#).



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Uploading a QCDR Data Validation Plan as an Attachment

If you choose to upload your Data Validation Plan as an attachment, please do so under the Uploads tab, as shown below. The name of the file should be: 2019DataValidationPlan_<YourQCDRName>. If solely attaching the Data Validation Plan, be sure to populate the fields as “see attached”.



Field Tab	2019 Qualified Clinical Data Registry (QCDR) Self-Nomination	Improvement Activities Supported
Promoting Interoperability Measures Supported	Individual Measures	MIPS - eQMs
2019 QCDR Data Validation Plan	Uploads	Resources

Please use this field to upload any or all of the following documents:

1. 2019 Data Validation Plan
2. Benchmarking Capabilities
3. QCDR measure template and/or Supplemental QCDR Measures Documentation

Attachment browse."/>

a) 2019 Data Validation Plan_QCDR Name b) Benchmarking Methodology_QCDR Name c) Supplemental QCDR Measure Documentation_QCDR Name Please label as 1, 2, 3 if you are uploading more than one document.

The Uploads tab also allows prospective QCDRs to attach the following self-nomination documentation:

- **Benchmarking Methodology** – allows users to specify the methodology used to benchmark their data. The file name should be Benchmarking Methodology_<YourQCDRName>.
- **QCDR Measure Template and/or Supplemental QCDR Measures Documentation** – allows users to provide the complete measure specification for all QCDR measures being submitted for consideration. You are required to use the QCDR Measure Template. All measure specification fields as indicated by the template are required to be completed at the time of self-nomination. The file name should be 2019QCDRMeasureSpecifications_<YourQCDRName> and/or SupplementalQCDRMeasureDocumentation_<YourQCDRName>.

Populating the 2019 Simplified Self-Nomination Form

Beginning with the 2019 performance period, a simplified self-nomination process has been finalized, to reduce the burden of self-nomination for those existing QCDRs and Qualified Registries that have previously participated in MIPS, in **good standing** (not on probation). The simplified process is available only for existing QCDRs or Qualified Registries in good standing with no changes, minimal changes, and those with substantive changes as described below:

- **QCDR/Qualified Registry in good standing with no changes** – existing QCDRs/Qualified Registries in good standing may continue their participation in MIPS, by attesting that the QCDR's/Qualified Registry's previously approved: Data validation plan, services offered, cost associated with using the QCDR/Qualified Registry, measures, activities, and performance categories supported from the previous year's performance period of MIPS have no changes, and will be used for the upcoming performance period. Existing QCDRs/Qualified Registries (in good standing) may attest during the self-nomination period (September 1- November 1), that they have no changes to their approved self-nomination application from the previous year of MIPS.
- **QCDR/Qualified Registry with minimal changes** – existing QCDRs/Qualified Registries in good standing that would like to submit minimal changes to their previously approved self-nomination application from the previous year, may submit these changes and attest to no additional changes from their previously approved QCDR/Qualified Registry application, for CMS review and consideration during the self-nomination period (September 1 to November 1). Minimal changes may include but are not limited to: changes to the supported performance categories, adding or removing MIPS Quality Measures, adding or updating existing services offered and/or the cost associated with using the QCDR/Qualified Registry.
- **QCDR/Qualified Registry with substantive changes** – existing QCDRs/Qualified Registries in good standing, may submit for CMS review and approval: substantive changes to QCDR measure specifications for existing QCDR measures that were approved in the previous year; submit new QCDR measures for CMS review and approval without having to complete the entire self-nomination application process. Substantive changes to existing QCDR measure specifications or any new QCDR measures would have to be submitted for CMS review and approval by the close of the self-nomination period. Additional examples of substantive changes may include (but are not limited to): updates to a QCDR's/Qualified Registry's Data Validation Plan or changes in the QCDR's/Qualified Registry's organization structure that would impact any aspect or designation of the QCDR/Qualified Registry status.

Please refer to the “Modifying a JIRA Ticket” section of the User Guide for more details on populating the 2019 Simplified Self-Nomination form. **Please note that new fields in the 2019 JIRA self-nomination form, fields that are now required or include validation for a**



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specific format (i.e., telephone number), will need to be populated or updated for the self-nomination form to pass validation and be successfully submitted.

In addition, if a 2019 self-nomination form tab is “missing” from your QCDR’s/Qualified Registry’s simplified form, please click on the “Edit” button, and all the 2019 self-nomination form tabs will appear.

Starting with the Quality Payment Program 2017 performance period data available for public reporting in late 2018, all QCDR data that meets the established public reporting standards will be publicly reported on Physician Compare. Physician Compare will not link to QCDR websites. If you have any questions about this, please contact the Physician Compare support team at: PhysicianCompare@westat.com.

Submission of the Self-Nomination Form

1. Once the required fields of all tabs are completed, click “Create”. **Please note you will not be able to successfully submit a ticket unless all the required fields, marked with a red asterisk (*), of all tabs have been populated.**
2. Once the form is filled out and all edits are finalized, you will need to click on the **“Click Here to Submit to CMS”** button to save the entire JIRA ticket and complete the submission process. The **“Click Here to Submit to CMS”** button is located at the top of the page. If necessary, use the **“Edit”** button to make changes to the record after you have submitted it. If you have any questions about the 2019 Quality Payment Program Self-Nomination Form, please contact the Quality Payment Program at QPP@cms.hhs.gov or toll free at 1-866-288-8292.

Details

Type:	<input checked="" type="checkbox"/> QCDR	Status:	VENDOR APPLICATION
Priority:	Moderate		(View Workflow)
Labels:	None	Resolution:	Unresolved

3. You will receive a confirmation email with your JIRA ticket number. Please save the email for future reference.
4. It is suggested that you export a copy of your approved self-nomination form for your records.

Modifying a JIRA Ticket

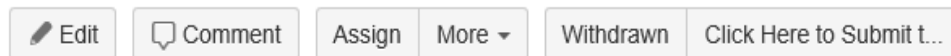
To review or modify your ticket, click **Issues – Search for Issues** OR **Recent Issues**, OR **Reported by Me**.

1. Another option for accessing your submitted ticket is using the Quick Search button located in the upper right of your screen.



Note: Quick Search is character and format sensitive. Please note that there is a hyphen (or dash) in the QSNF number record that has been created. Use this exact format in the exact case without adding any additional spaces or omitting any characters in Quick Search to locate the unique QSNF record number. The QSNF record number should be entered as QSNF2019-XX to locate your 2019 self-nomination form in JIRA.

2. Once your ticket has been located, click **Edit**.



Details

Type:	<input checked="" type="checkbox"/> QCDR	Status:	VENDOR APPLICATI...
Priority:	Moderate		(View Workflow)
Labels:	None	Resolution:	Unresolved

3. You may also edit your information by clicking on individual fields.
4. Use your scrollbar to view all tabs at the top of the page after you come to the **Edit Issue** page.
5. To revise or add information at any time, click the **Update** or **Edit** buttons, depending on which screen you are viewing. **Remember, you will not be able to modify your submission after 5:00 p.m. ET on November 1, 2018.**



Submitting QCDR Measures (QCDRs Only)

QCDR measures can be added to your QCDR self-nomination ticket as an attachment. A prospective QCDR may submit a maximum of 30 QCDR measures for CMS review and approval. You are required to use the QCDR Measure Template to submit the 2019 MIPS performance period QCDR measures.

Completing the QCDR Measure Template

Enter all required data for each data field for each proposed QCDR measure. **All columns denoted with (REQUIRED) and shaded in blue are required fields for each proposed QCDR measure.** The template has built in validation to ensure that all REQUIRED fields are completed. The columns shaded in gray denote fields that are optional. The columns shaded in green denote fields that will be used to communicate QCDR measure review feedback, QCDR response, QCDR measure reconsideration call summary, and final CMS measure decision, as applicable.

Existing QCDRs (in good standing) will be provided with a QCDR measure template that includes their 2018 approved/provisionally approved QCDR measure specifications. **The pre-populated QCDR measure template (for existing QCDRs in good standing only) will be uploaded to each existing QCDRs respective 2019 self-nomination form in JIRA.** Please note that the QCDR measure template will need to be updated to include information for the new REQUIRED fields for measures already contained in the spreadsheet. In addition, any updates to previously approved/provisionally approved QCDR measure specifications from 2018 will need to be included in the QCDR measure template for consideration. Furthermore, QCDRs in good standing may also submit new QCDR measure specifications for CMS consideration for the 2019 MIPS performance period.

Please ensure that the measure description and specifications are checked for grammar and typographical errors. In addition, the content entered for each proposed QCDR measure should appropriately reflect the column's header.

- **Column A: Input Row Completeness** – Provides the status of "Complete" or "Incomplete" for each row. "Incomplete" will display if all the REQUIRED fields have not been populated for a given entry.
- **Column B: Error Messages for Required Fields** – Provides the user with an error message(s) regarding missing REQUIRED information for each entry. Also, missing REQUIRED information for each entry will have the cell highlighted in red.
- **Column C: Status (REQUIRED)** – Indicate if the given entry is "Ready for PIMMS Team Review" or a "Work in Progress". Entries with a "Work in Progress" status will not be reviewed until the status is updated to "Ready for PIMMS Team Review".
- **Column D: If this is a previously CMS approved measure, please provide the CMS assigned measure ID (REQUIRED)** – Provide the QCDR measure ID assigned to the



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2017/2018 MIPS performance period approved measure included in the QCDR measure specifications. Enter "N/A" if not applicable.

- **Column E: Measure Title (REQUIRED)** – Provide the measure title, which should begin with a clinical condition of focus, followed by a brief description of action.
- **Column F: Measure Description (REQUIRED)** – Describe the measure in full detail.
- **Column G: Denominator (REQUIRED)** – Describe the eligible patient population to be counted to meet the measure inclusion requirements.
- **Column H: Numerator (REQUIRED)** – The clinical action that meets the requirements of the measure.
- **Column I: Denominator Exclusions (REQUIRED)** – An exclusion is anything that would remove the patient, procedure, or unit of measurement from the denominator. Enter "N/A" if not applicable.
- **Column J: Denominator Exceptions (REQUIRED)** – Allow for the exercise of clinical judgement. Applied after the numerator calculation and only if the numerator conditions are not met. Enter "N/A" if not applicable.
- **Column K: Numerator Exclusions (REQUIRED)** – An exclusion is anything that would remove the patient, procedure, or unit of measurement from the numerator. Applied before the numerator calculation. Enter "N/A" if not applicable.
- **Column L: Data Source Used for the Measure (REQUIRED)** – Indicate the data source(s) used for the measure.
- **Column M: If applicable, please enter additional information regarding the data source used** – Provide additional information when "Registry" and/or "Other" is selected in column M.
- **Column N: Provide a concise summary of performance gap evidence, in addition to any study citation (REQUIRED)** – Provide a summary of the performance gap evidence submitted with the measure. Providing the study citation or link is not sufficient. Citations should be the most current available or within 5 years.
- **Column O: Is there a variance in the measure rate? If yes, indicate if the variance is within your registry and/or from another source. If another source, please cite the source.**
- **Column P: QCDR Measure Type (REQUIRED)** – Select from the drop-down list the measure type that describes the measure submitted for review: New QCDR measure, Existing Approved QCDR Measure With No Changes, Existing Approved QCDR Measure With Changes.
- **Column Q: If this is an existing measure with changes, do the changes impact the intent of the measure?**
- **Column R:** Please indicate what has changed to the existing measure and how the change impacts the intent of the 2018 version.
- **Column S: Can the measure be benchmarked against the previous performance year's data?**
- **Column T: If applicable, please Indicate why the 2018 benchmark cannot be used.**



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- **Column U: Does this measure belong to another entity/organization? (REQUIRED)** – Indicate if this measure is owned, maintained and updated by another QCDR. Provide QCDR name, if applicable.
- **Column V: If applicable, please indicate you have the appropriate documentation to use the measure (i.e., letter or email documenting permission obtained).**
- **Column W: NQF ID Number (if applicable)** – Provide the assigned NQF ID number, if the submitted QCDR measure aligns the NQF endorsed version of the measure. If no NQF ID number, enter 0000.
- **Column X: Is the QCDR measure a high priority measure? (REQUIRED)** – Indicate if the measure is a high priority measure.
- **Column Y: High Priority Type (REQUIRED)** – Indicate the high priority measure type.
- **Column Z: Measure Type (REQUIRED)** – Select which measure type the measure belongs to.
- **Column AA: NQS Domain (REQUIRED)** – Select which NQS domain the measure belongs to.
- **Column AB: What one meaningful measure area applies to this measure? (REQUIRED)** – Select which meaningful measure area the measure belongs to.
- **Column AC: Meaningful Measure Area Rationale (REQUIRED)** – Provide the reasoning for assigning the meaningful measure area for the measure.
- **Column AD: Inverse Measure (REQUIRED)** – Indicate if the measure is an inverse measure. An inverse measure is a measure where a lower calculated performance rate would indicate better clinical care or control. The “Performance Not Met” numerator option for an inverse measure is the representation of the better clinical quality or control. Submitting that numerator option will produce a performance rate that trends closer to 0%, as quality increases.
- **Column AE: Proportional Measure (REQUIRED)** – Indicate if the measure is a proportional measure. A proportional measure is a measure where the score is derived by dividing the number of cases that meet a criterion for quality (the numerator) by the number of eligible cases within a given time frame (the denominator). The numerator cases are a subset of the denominator cases (e.g., percentage of eligible women with a mammogram performed in the last year).
- **Column AF: Continuous Variable Measure (REQUIRED)** – Indicate if the measure is a continuous variable measure. A continuous variable measure is where a measure score in which each individual value for the measure can fall anywhere along a continuous scale and can be aggregated using a variety of methods such as the calculation of a mean or median (e.g., mean time to thrombolytics, which aggregates the time in minutes from a case presenting with chest pain to the time of administration of thrombolytics).
- **Column AG: Ratio Measure (REQUIRED)** – Indicate if the measure is a ratio measure. This is a measure where a score that may have a value of zero or greater that is derived by dividing a count of one type of data by a count of another type of data. The key to the definition of a ratio is that the numerator is not in the denominator (e.g., the number of patients with central lines who develop infection divided by the number of central line days). Rates closer to 1 represent the expected outcome.



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- **Column AH: If Continuous Variable and/or Ratio is chosen, what would be the range of the score(s)?**
- **Column AI: Number of performance rates to be calculated and submitted in the XML**
– Indicate the number of performance rates submitted for the measure. If only one is calculated, enter '1'. Also, provide the name for each performance rate, if there is more than one performance rate calculated for this measure.
- **Column AJ: Indicate an Overall Performance Rate if more than 1 performance rate is to be submitted (REQUIRED)** – Specify which of the submitted rates will represent an overall performance rate for the measure or how an overall performance rate could be calculated based on the data submitted [for example, simple average of the performance rates submitted or weighted average (sum of the numerators divided by the sum of the denominators), etc.
- **Column AK: Risk-Adjusted (REQUIRED)** – Indicate if the measure is risk-adjusted.
- **Column AL: If risk-adjusted, indicate which score is risk-adjusted (REQUIRED)** – Indicate the score that is risk-adjusted for the measure.
- **Column AM: Please provide any test data on reliability/validity** – If test data on reliability/validity is not available enter N/A.
- **Column AN: Provide current clinical guideline the measure is derived from (REQUIRED).**
- **Column AO: Please indicate which specialty/specialties this measure applies to (REQUIRED)** – Indicate the specialty/specialties the measure applies to (i.e., Anesthesiology, Neurology, Urology, etc.).
- **Column AP: Preferred measure published clinical category (REQUIRED)** – Please provide a preferred clinical or specialty categorization of your QCDR measure (i.e., Diabetes, Substance Use/Management). Please note that if a preferred measure published clinical category is not provided, one will be assigned to the QCDR measure by CMS.
- **Column AQ: What is the measure funding source?** – Indicate the funding source for the measure development.
- **Column AR: Vendor Organization Staff** – enter vendor organization JIRA users who are stakeholders regarding this issue. Person(s) entered must have a JIRA account.
- **Column AS: CMS Measure Feedback** – QCDR measure review feedback will be entered in this column. Feedback will be dated with the most current feedback at the top of the cell. Please note that the column will be locked until CMS has provided their feedback.
- **Column AT: Vendor Measure Response** – Vendor provides their response to the QCDR measure review feedback provided by CMS. Response(s) should be dated with the most current feedback at the top of the cell. Please note that this column will be locked until CMS has provided their feedback.



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- **Column AU: QCDR Measure Reconsideration Meeting Summary** – This column will be populated for each QCDR measure that is discussed during the resolution meeting between CMS, PIMMS MIPS Team and the vendor.
- **Column AV: Final CMS Measure Decision** – This column will be populated or updated for each QCDR measure that is discussed during the resolution meeting between CMS, PIMMS MIPS Team and the vendor.

QCDR Measure Permission Checklist


A QCDR must obtain permission to use another QCDR's measure by the time a QCDR self-nominates for each performance period. The following is a QCDR measure permission checklist:


- ✓ Identify the measure(s) to submit request for permission.
- ✓ Contact the measure owner to request permission to use their QCDR measure(s).
- ✓ The [QCDR Qualified Posting](#) and [Qualified Clinical Data Registry \(QCDR\) Measure Specifications](#) located on the [CMS Quality Payment Program Resource Library page](#) may be used to identify the appropriate points of contact.
- ✓ Obtain documentation from the QCDR measure owner regarding permission to use their QCDR measure(s).
- ✓ Upload the documentation at the time of self-nomination via JIRA for CMS reference.

Withdrawing a JIRA Ticket

If you wish to withdraw a self-nomination form that has already been submitted, click on the **"Withdrawn"** button - Withdrawing the entire QSNF record from consideration to participate in MIPS as a prospective QCDR or Qualified Registry.



 Edit

 Comment

Assign

More ▾

Withdrawn

Click Here to Submit t...

Details

Type: ☒ QCDR

Priority:  Moderate

Labels: None 

Status: **VENDOR APPLICATION...**
([View Workflow](#))

Resolution: Unresolved



Resources

Help with JIRA

- For additional assistance with JIRA, review the [Online Help](#) available in JIRA.
- Additional learning resources on JIRA are available [here](#).

Help with Self-Nomination

- Refer to the [2019 Qualified Registry Fact Sheet](#) and [2019 QCDR Fact Sheet](#) located in the [Quality Payment Program Resource Library](#) page.
- For assistance with completing the self-nomination form, the Comment box may be used to ask questions about populating form fields or submitting additional information. Refer to “Modifying a JIRA Ticket” and “Completing the QCDR Measure Template” sections of the User Guide for additional information.
- For additional assistance regarding Self-Nomination criteria, contact the Quality Payment Program at gpp@cms.hhs.gov or 1-866-288-8292 (TTY 1-877-715-6222) from 8:00 a.m. to 8:00 p.m. ET Monday through Friday. To avoid security violations, do not include personal identifying information or PHI, such as Social Security Number or TIN, in email inquiries to the Quality Payment Program.

Help with QCDR Measure Development

- [Blueprint for the CMS Measures Management System](#) - Provides a standardized system for developing and maintaining the Quality Measures used in CMS's various quality initiatives and programs. The primary goal is to provide guidance to measure developers to help them produce high-caliber healthcare Quality Measures and documents the core set of business processes and decisions criteria when developing, implementing, and maintaining measures.
- [Measure Development Plan](#) - Is a focused framework to help CMS build and improve Quality Measures that clinicians could report under the Merit-based Incentive Payment System and as participants in Advanced Alternative Payment Models (collectively known as the Quality Payment Program).
- [QCDR Measure Development Handbook](#) - Provides guidance and suggestions to QCDR measure developers on QCDR measure structure, analytics and types as well as a QCDR measure development check list, resources for QCDR measure development and definitions used by CMS to communicate QCDR measure review decisions.
- [QCDR Measure Development Google Group](#) - Provides a space for QCDRs to collaborate on QCDR Measures and share ideas throughout the QCDR measure development process.
- [June 2018 QCDR Measure Development Workgroup Presentation](#) - Provides an overview of the development, criteria, and evaluation of QCDR measures.

