

Calendar Year (CY) 2023 Physician Fee Schedule Final Rule: Finalized (New and Updated) Qualified Clinical Data Registry (QCDR) and Qualified Registry Policies

December 1, 2022

This fact sheet summarizes policy updates finalized in the calendar year (CY) 2023 Physician Fee Schedule Final Rule, [available here \(PDF\)](#), as it pertains to third party intermediaries, QCDRs, and qualified registries for the CY 2023 Merit-based Incentive Payment System (MIPS) performance period/2025 MIPS payment year. For broader Quality Payment Program policy changes, including changes to the quality, improvement activities, Promoting Interoperability, and cost performance categories, readers may reference the [Fact Sheet](#) and 2023 Quality Payment Program Final Rule Resources available [here](#).

CY 2023 Performance Period/2025 MIPS Payment Year

Highlights for 2023 include:

- Maintaining the data completeness threshold at 70% for CY 2023 performance period/2025 MIPS payment year with increasing the data completeness threshold to 75% for the CY 2024 and 2025 performance periods/2026 and 2027 MIPS payment years.
- Expanding the definition of a high-priority measure to include health equity-related quality measures and indicating that the Centers for Medicare & Medicaid Services (CMS) anticipates growth in the number of QCDR measures that address health equity in upcoming performance years.
- Implementing MIPS Value Pathways (MVPs) by finalizing five new MVPs and revising the seven previously established MVPs.



MIPS Quality Measures, Improvement Activities, and Promoting Interoperability Measures and Objectives that are Added/Removed

The following nine MIPS quality measures were added as new measures starting with the CY 2023 performance period/2025 MIPS payment year:

MIPS Quality ID	Indicator	Collection Type	Measure Type	MIPS Quality Measure Title
485	High Priority (Outcome)	MIPS Clinical Quality Measure (CQM) Specifications	Patient-Reported Outcome-based Performance Measure	Psoriasis – Improvement in Patient-Reported Itch Severity
486	High Priority (Outcome)	MIPS CQMs Specifications	Patient-Reported Outcome-based Performance Measure	Dermatitis – Improvement in Patient-Reported Itch Severity
487	High Priority (Equity)	MIPS CQMs Specifications	Process	Screening for Social Drivers of Health
488	N/A	Electronic Clinical Quality Measure (eCQM) Specifications, MIPS CQMs Specifications	Process	Kidney Health Evaluation
489	N/A	MIPS CQMs Specifications	Process	Adult Kidney Disease: Angiotensin Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker (ARB) Therapy
490	N/A	MIPS CQMs Specifications	Process	Appropriate Intervention of Immune-Related Diarrhea and/or Colitis in Patients Treated with Immune Checkpoint Inhibitors
491	High Priority (Care Coordination)	MIPS CQMs Specifications	Process	Mismatch Repair (MMR) or Microsatellite Instability (MSI) Biomarker Testing Status in Colorectal Carcinoma, Endometrial, Gastroesophageal, or Small Bowel Carcinoma
492	High Priority (Outcome)	Administrative Claims	Outcome	Risk-Standardized Acute Cardiovascular-Related Hospital Admission Rates

MIPS Quality ID	Indicator	Collection Type	Measure Type	MIPS Quality Measure Title
				for Patients with Heart Failure under the Merit-based Incentive Payment System
493	N/A	MIPS CQMs Specifications	Process	Adult Immunization Status

The following 11 MIPS quality measures were removed, of the 15 measures proposed for removal, starting with the CY 2023 performance period/2025 MIPS payment year:

MIPS Quality ID	Indicator	Collection Type	Measure Type	MIPS Quality Measure Title
076	High Priority (Patient Safety)	Medicare Part B Claims Specifications, MIPS CQMs Specifications	Process	Prevention of Central Venous Catheter (CVC) - Related Bloodstream Infections
119	N/A	eCQM Specifications, MIPS CQMs Specifications	Process	Diabetes: Medical Attention for Nephropathy
258	High Priority (Outcome)	MIPS CQMs Specifications	Outcome	Rate of Open Repair of Small or Moderate Non-Ruptured Infrarenal Abdominal Aortic Aneurysms (AAA) without Major Complications (Discharged to Home by Post-Operative Day #7)
265	High Priority (Care Coordination)	MIPS CQMs Specifications	Process	Biopsy Follow-Up
323	High Priority (Efficiency)	MIPS CQMs Specifications	Efficiency	Cardiac Stress Imaging Not Meeting Appropriate Use Criteria: Routine Testing After Percutaneous Coronary Intervention (PCI)
375	High Priority (Patient Experience)	eCQM Specifications	Process	Functional Status Assessment for Total Knee Replacement

MIPS Quality ID	Indicator	Collection Type	Measure Type	MIPS Quality Measure Title
425	N/A	MIPS CQMs Specifications	Process	Photodocumentation of Cecal Intubation
455	High Priority (Outcome)	MIPS CQMs Specifications	Outcome	Percentage of Patients Who Died from Cancer Admitted to the Intensive Care Unit (ICU) in the Last 30 Days of Life (lower score – better)
460	High Priority (Outcome)	MIPS CQMs Specifications	Patient-Reported Outcome-Based Performance Measure	Back Pain After Lumbar Fusion
469	High Priority (Outcome)	MIPS CQMs Specifications	Patient-Reported Outcome-Based Performance Measure	Functional Status After Lumbar Fusion
473	High Priority (Outcome)	MIPS CQMs Specifications	Patient-Reported Outcome-Based Performance Measure	Leg Pain After Lumbar Fusion

- Measures Q260: Rate of Carotid Endarterectomy (CEA) for Asymptomatic Patients, without Major Complications (Discharged to Home by Post-Operative Day #2), Q261: Referral for Otologic Evaluation for Patients with Acute or Chronic Dizziness, Q275: Inflammatory Bowel Disease (IBD): Assessment of Hepatitis B Virus (HBV) Status Before Initiating Anti-TNF (Tumor Necrosis Factor) Therapy, and Q439: Age Appropriate Screening Colonoscopy were not finalized for removal based on public comments (see 87 FR 70530 through 70541 for further details).

The following two MIPS quality measures were partially removed from traditional MIPS starting with the CY 2023 performance period/2025 MIPS payment year and retained for use in MVPs:

MIPS Quality ID	Indicator	Collection Type	Measure Type	MIPS Quality Measure Title
110	N/A	Medicare Part B Claims Specifications, eCQM Specifications, MIPS CQMs Specifications	Process	Preventive Care and Screening: Influenza Immunization
111	N/A	Medicare Part B Claims Specifications, eCQM Specifications, MIPS CQMs Specifications	Process	Pneumococcal Vaccination Status for Older Adults

Three MIPS quality measures had specific collection types removed starting with the CY 2023 performance period/2025 MIPS payment year:

MIPS Quality ID	Indicator	Collection Type	Measure Type	MIPS Quality Measure Title
117	N/A	Removed: Medicare Part B Claims Specifications Retained: eCQM Specifications, MIPS CQMs Specifications	Process	Diabetes: Eye Exam
130	High Priority (Patient Safety)	Removed: Medicare Part B Claims Specifications Retained: eCQM Specifications, MIPS CQMs Specifications	Process	Documentation of Current Medications in the Medical Record
416	High Priority (Efficiency)	Removed: Medicare Part B Claims Specifications Retained: MIPS CQMs Specifications	Efficiency	Emergency Medicine: Emergency Department Utilization of CT for Minor Blunt Head Trauma for Patients Aged 2 Through 17 Years

- The following four improvement activities were added as new activities starting with the CY 2023 performance period/2025 MIPS payment year:

MIPS Improvement Activity ID	MIPS Improvement Activity Title
IA_AHE_10	Adopt Certified Health Information Technology for Security Tags for Electronic Health Record Data
IA_AHE_11	Create and Implement a Plan to Improve Care for Lesbian, Gay, Bisexual, Transgender, and Queer Patients
IA_EPA_6	Create and Implement a Language Access Plan
IA_ERP_6	COVID-19 Vaccine Achievement for Practice Staff

- Two previously finalized improvement activities were revised per below starting with the CY 2023 performance period/2025 MIPS payment year (87 FR 70641 through 70646):

MIPS Improvement Activity ID	MIPS Improvement Activity Title
IA_CC_14 is now IA_AHE_12	IA_AHE_12: Practice Improvements that Engage Community Resources to Address Drivers of Health. This was previously IA_CC_14: Practice improvements that engage community resources to support patient health goals. IA_CC_14 is removed from the IA Inventory starting in 2023.
IA_PSPA_10 is now IA_BMH_13	IA_BMH_13: Obtain or Renew an Approved Waiver for Provision of Buprenorphine as Medication-Assisted Treatment for Opioid Disorder. This was previously IA_PSPA_10: Completion of training and receipt of approved waiver for provision opioid medication-assisted treatments. IA_PSPA_10 is removed from the IA Inventory starting in 2023.

- The following six improvement activities were removed as activities starting with the CY 2023 performance period/2025 MIPS payment year:

MIPS Improvement Activity ID	MIPS Improvement Activity Title
IA_BE_7	Participation in a QCDR, That Promotes Use of Patient Engagement Tools
IA_BE_8	Participation in a QCDR, That Promotes Collaborative Learning Network Opportunities That Are Interactive
IA_PM_7	Use of QCDR for Feedback Reports That Incorporate Population Health
IA_PSPA_6	Consultation of the Prescription Drug Monitoring Program
IA_PSPA_20	Leadership Engagement in Regular Guidance and Demonstrated Commitment for Implementing Practice Improvement Changes
IA_PSPA_30	PCI Bleeding Campaign

- There were policy updates to the Promoting Interoperability performance category but no new or removed promoting interoperability measures for the CY 2023 performance period/2025 MIPS payment year (for policy updates on this category see 87 FR 70060 through 70087).

Program Impacts

- For further details on the items below, please consult the CY 2023 Physician Fee Schedule Final Rule.

Updates for CY 2023 Performance Period/2025 MIPS Payment Year

Definition of a Third Party Intermediary

- CMS finalized updating the definition of a third party intermediary at § 414.1305 to include subgroups and APM Entities and to make minor edits for technical clarity.
- The revised definition states that a third party intermediary means an entity that CMS has approved under § 414.1400 to submit data on behalf of a MIPS eligible clinician, group, virtual group, subgroup, or APM Entity for one or more of the quality, improvement activities, and Promoting Interoperability performance categories.

QCDR Measure Self Nomination Requirements


- CMS clarified requirements for publicly posting the approved measure specifications; entities must publicly post measure specifications no later than 15 calendar days following CMS's posting of approved QCDR measure specifications on a CMS website and QCDRs need to confirm that the measure specifications they post align with the measure specifications posted by CMS.
- CMS finalized revising § 414.1400(b)(4)(i)(B) to state that, for a QCDR measure, the entity must submit for CMS approval measure specifications including the Name/title of measure, National Quality Forum (NQF) number (if NQF- endorsed), descriptions of the denominator, numerator, and when applicable, denominator exceptions, denominator exclusions, risk adjustment variables, and risk adjustment algorithms.
- No later than 15 calendar days following CMS posting of all approved specifications for a QCDR measure, the entity must publicly post the CMS-approved measure specifications for the QCDR measure (including the CMS- assigned QCDR measure ID) and provide CMS with a link to where this information is posted.

QCDR Measure Approval Criteria

- CMS finalized delaying the requirement for a QCDR measure to be fully developed and tested with complete testing results at the clinician level until the CY 2024 performance year. Therefore, a QCDR measure approved for the CY 2023 performance year or earlier would not need to be fully developed and tested until the CY 2024 performance year.
- A new QCDR measure proposed for the CY 2024 performance year would be required to meet face validity.
- CMS would require full testing at the clinician level before the QCDR measure can continue in the program beyond the first year.
- CMS finalized amending § 414.1400(b)(4)(iii)(A)(3) to state that beginning with the CY 2022 performance period/2024 MIPS payment year, CMS may approve a QCDR measure only if the QCDR measure meets face validity.
- Beginning with the CY 2024 performance period/2026 MIPS payment year, a QCDR measure approved for a previous performance year must be fully developed and tested, with complete testing results at the clinician level, prior to self-nomination.
- CMS did not change the requirements that QCDR measures be fully tested prior to inclusion in an MVP.

Remedial Action and Termination of Third Party Intermediaries

- CMS finalized a technical correction in § 414.1400(e)(3), to include the missing introductory text of, "A data submission that," which CMS inadvertently failed to include when finalizing its proposal to revise and redesignate existing language from former § 414.1400(f)(3)(ii) to paragraph (e)(3) in the CY 2022 PFS final rule (86 FR 65550).
- With this technical correction, the provision at § 414.1400(e)(3) now reads, "A data submission that contains data inaccuracies affecting the third party intermediary's total




clinicians may lead to remedial action/termination of the third party intermediary for future program year(s) based on CMS discretion.”

Revised Corrective Action (CAP) Requirements

- CMS finalized broadening the scope of affected parties under the second CAP requirement at § 414.1400(e)(1)(i)(B) to also identify impacts to any QCDRs that were granted licenses to the measures of the affected QCDR, rather than limit the identification of impacts to clinicians only.
- CMS finalized a technical correction in § 414.1400(e)(1)(i)(B) to correct the word “voluntary” to “voluntarily” and finalized revising the CAP requirement at § 414.1400(e)(1)(i)(B) to require the third party intermediary to address in its CAP the impact to individual clinicians, groups, virtual groups, subgroups, or APM Entities, regardless of whether they are participating in the program because they are MIPS eligible, voluntarily participating, or opting in to participating in the MIPS program, and any QCDRs that were granted licenses to the measures of a QCDR upon which a CAP has been imposed.
- CMS finalized adding a new CAP requirement to require the third party intermediary to notify the parties identified in finalized § 414.1400(e)(1)(i)(B) of the impact to these parties by submitting a communication plan. The intent is to enable affected parties to better understand and prepare for any operational and other challenges as needed.
- CMS finalized adding a new CAP requirement at § 414.1400(e)(1)(i)(E) to require the third party intermediary to develop a communication plan for communicating the impact to the parties identified in finalized § 414.1400(e)(1)(i)(B). This would include individual clinicians, groups, virtual groups, subgroups, or APM Entities, regardless of whether they are participating in the program because they are MIPS eligible, voluntarily participating, or opting in to participating in the MIPS program, and any QCDRs that were granted licenses to the measures of a QCDR upon which a CAP has been imposed.

Termination of Approved QCDRs and Qualified Registries That Have Not Submitted Performance Data

- Beginning with the CY 2024 performance period, CMS finalized terminating those QCDRs and qualified registries that are required to submit participation plans during the applicable self-nomination period under § 414.1400(b)(3)(viii) because they did not submit any MIPS data for either of the 2 years preceding the applicable self-nomination period and continue to not submit MIPS data to CMS for the applicable performance period.
- CMS finalized adding a new ground for termination at § 414.1400(e)(5) stating that, beginning with the CY 2024 performance period/2026 MIPS payment year, a QCDR or qualified registry that submits a participation plan as required under § 414.1400(b)(3)(viii), but does not submit MIPS data for the applicable performance period for which they self-nominated under § 414.1400(b)(3)(viii), will be terminated.
- In conjunction with amending the definition of “third party intermediary” to refer to subgroups and APM Entities, CMS finalized a conforming change to § 414.1400(e)(2),



which stated that CMS may immediately or with advance notice terminate “the ability of a third party intermediary to submit MIPS data on behalf of MIPS eligible clinician, group or virtual group” under certain circumstances. Rather than amend this provision to add references to subgroups and APM Entities, CMS finalized revising § 414.1400(e)(2) by removing the previously quoted phrase. The revised regulation provides that CMS may immediately or with advance notice “terminate a third party intermediary” under the specified circumstances.

Auditing of Entities Submitting MIPS Data

- In conjunction with updating the definition of a third party intermediary, CMS finalized revising the requirements codified at § 414.1400(f)(1) to account for third party intermediaries reporting on behalf of subgroups and APM Entities.
- CMS finalized updating the requirement to apply to third party intermediaries submitting data on behalf of virtual groups. Therefore, CMS finalized updating § 414.1400(f)(1) to require that the entity must make available to CMS the contact information of each MIPS eligible clinician, group, virtual group, subgroup, or APM Entity on behalf of whom it submits data. The contact information must include, at a minimum, the MIPS eligible clinician, group, virtual group, subgroup, or APM Entity phone number, address, and, if available, email.

Requests for Information

- CMS had several Requests for Information to gather feedback from interested parties that may inform potential future rulemaking.
- CMS had a Request for Information on Third Party Intermediary Support of MVPs given public comments on the challenges of the current requirement to support all quality measures within an MVP.
- CMS had a Request for Information on considering establishing a different type of third party intermediary that would allow national CME accreditation organizations to submit improvement activities based on completion of CME or MOC for the improvement activities performance category.

MVPs Effective with the CY 2023 Performance Period/2025 MIPS Payment Year

- 12 MVPs will be available for voluntary reporting beginning with the CY 2023 performance period/2025 MIPS payment year.
- MVPs that have QCDR measures are indicated below.
- See 87 FR 70653 through 70678 for the complete list of measures and activities for the five MVPs finalized in 2023 rulemaking.
- See 87 FR 70679 through 70700 for the complete list of measures and activities for the seven MVPs finalized in 2022 rulemaking that were updated in 2023 rulemaking using the MVP maintenance process.
- See other public resources [here](#) for more information on MVP policies.

MVP Name	Includes QCDR Measures	Original Year of Finalization
Advancing Cancer Care	Yes	2023 PFS final rule
Optimal Care for Kidney Health	No	2023 PFS final rule
Optimal Care for Patients with Episodic Neurological Conditions	Yes	2023 PFS final rule
Supportive Care for Neurodegenerative Conditions	Yes	2023 PFS final rule
Promoting Wellness	No	2023 PFS final rule
Advancing Care for Heart Disease	No	2022 PFS final rule
Optimizing Chronic Disease Management	No	2022 PFS final rule
Advancing Rheumatology Patient Care	Yes	2022 PFS final rule
Adopting Best Practices and Promoting Patient Safety within Emergency Medicine	Yes	2022 PFS final rule
Improving Care for Lower Extremity Joint Repair	No	2022 PFS final rule
Patient Safety and Support of Positive Experiences with Anesthesia	Yes	2022 PFS final rule
Coordinating Stroke Care to Promote Prevention and Cultivate Positive Outcomes	No	2022 PFS final rule