

2020 Self-Nomination Application Virtual Office Hours Webinar  
August 14, 2019

Hello, everyone. Thank you for joining today's 2020 Self-Nomination Application Virtual Office Hours Webinar. During this session, CMS will answer questions regarding the 2020 MIPS self-nomination process and related tasks and provide a brief overview of the 2020 self-nomination process. Now I will turn it over to Sophia Sugumar, health insurance specialist from the Center for Clinical Standards and Quality at CMS.

Thank you very much. Good afternoon, everyone. Thank you for joining us today for our virtual office hours. I have Dr. Daniel Green here with me, and he's our medical officer and also the lead for the Quality performance category as well as the QCDR registry work. Today, we intended on having this session just to answer any questions you may have as we self-nominate during the self-nomination period, which runs from September--or, sorry-- July 1<sup>st</sup> to September 3<sup>rd</sup>. And we do have our supporting contracting team on the call, the QCDR Registry team, also known as the PIMMS team, who help support our work with this. And I'm going to turn the call over to Hector, just go through a brief presentation, and then, what we're going to do is open up the line so you can ask whatever questions you may have with regards to the self-nomination process and for us to be of assistance to you. Thanks, Hector.

Thanks, Sophia. Next slide? Next slide. So, Sophia mentioned we'll be going--providing a self-nomination overview today. Also, some resources and who to contact for help, and then we'll open it up for a question and answer session. Next slide? Next slide.

Qualified Registries and QCDRs are CMS-approved vendors that collect clinical data on behalf of clinicians for data submission. To become a Qualified Registry or QCDR, you must self-nominate and successfully complete a qualification process. You can self-nominate for the 2020 MIPS performance period from July 1st through September 3, 2019. The self-nomination period will promptly close at 8:00 p.m. Eastern on September 3<sup>rd</sup>, so we encourage you to submit your self-nomination prior to the September 3<sup>rd</sup> deadline. Next slide.

To become qualified for the 2020 MIPS performance period, the vendor must have had at least 25 participants by January 1, 2019. You must provide all required information at the time of self-nomination via the CMS Quality Payment Program portal. Self-nomination is an annual process and must be renewed for each performance-year period. A simplified form is available to existing Qualified Registries or QCDRs in good standing. If you need help or assistance locating the simplified form for the 2020 MIPS performance period, please submit a ticket to the Quality Payment Program and we'll be more than happy to help you with that.

Eligible clinicians wishing to report for the 2020 MIPS performance period via the Qualified Registry or QCDR reporting mechanism do not need to self-nominate. Only entities wishing to submit data on behalf of eligible clinicians and who meet the requirements as a Qualified Registry and/or QCDR vendor need to complete the self-nomination form. The list of vendors that have been approved to submit data to CMS as a Qualified Registry or QCDR for the 2020 MIPS performance period will be posted in the Resource Library of the CMS Quality Payment Program website. Next slide.

Now I'll briefly go over some resources and who to contact for help. As mentioned earlier, you may access the Quality Payment Program website as a resource. On the Quality Payment Program website, you can also access the Quality Payment Program Participation Status Tool, the MIPS Explore Measures Tool, the QPP Resource Library, and also the QPP Listserv. We encourage you to subscribe to the listserv so that you can receive updates regarding the Quality Payment Program. You can also access the QPP Webinar Library, and on that site, you will also find the June 11, 2020 Self-Nomination Application Demo webinar that our team held. You can find a recording there as well as the slide deck for that presentation. And you can also access the QPP Help and Support page. Next slide?

For Quality Payment Program support, please contact the Quality Payment Program at the e-mail address and phone number included on the slide. Please know that important program information regarding a variety of topics may be distributed from the QCDR Vendor Support mailbox and/or the Qualified Registry Vendor Support mailbox. To ensure that inquiries are routed to the appropriate subject matter experts, all inquiries must be submitted through the Quality Payment Program and not the QCDR or Qualified Registry Vendor Support mailbox. Just as a reminder, Sophia mentioned in her introduction, today's Virtual Office Hours, we'll be taking questions related to the self-nomination process as well as the 2020 QCDR measure submission template. Next slide? And now we will open it up for the Q&A session. Thank you.

Great. Now, we are now going to start the Q&A portion of the webinar. You can ask questions via the Q&A box or via phone. To ask a question via phone, please dial 1-866-452-7887, and if prompted, provide the conference ID number, which is 1586323 and press star-1 to be added to the question queue. And please note that we may not be able to answer all the questions submitted via the Q&A box, and we will not be answering questions unrelated to the 2020 MIPS self-nomination process for QCDRs and Qualified Registries. And if your question is not answered, please do feel free to contact the Quality Payment Program Service Center. So, I don't see any questions in the Q&A box yet. Do we have any questions on the phone line?

At this time, there are no phone questions.

Great. Thank you. So, we will stand by for a few minutes. And, again, please do enter in your questions via the Q&A box or feel free to dial in via phone.

So, I do see one question coming through. "Is there a minimum number of Quality measures that a QCDR must report when applying?"

So, in general, QCDRs must support at least the Quality performance category reporting requirements, so that's six quality measures, and that can be-- sorry, that's six measures, and that can be a mix of quality measures - MIPS quality measures or QCDR measures, or it could be a mix of both. And that's our general baseline. We don't have any other requirements that you must have an X number of QCDR measures. We do say, at the most, you can submit up to 30 QCDR measures for our consideration, but, in general, a QCDR or a Qualified Registry will not be approved if they don't submit--they don't support at least six measures.

Thank you. Our next question says, "The 2020 QCDR Self-Nomination User Guide references a 2020 QCDR Self-Nomination Fact Sheet. Where can you find this?"

It should all be in the same Self-Nomination Toolkit if you go on the QPP Resource Library. I think you can filter the page to the 2020 version of the--2020 year, and then you'll find the Self-Nomination Toolkit. It's a zip file. It should include a fact sheet in a PDF format, in addition to the self-nom user guide.

Thank you. Our next question is, "What is the best way to verify 2020 MIPS quality measures are utilized for submission?"

So, I would do a cross reference of--well, we tend to--when you self-nominate, there's a dropdown menu of the measures listed, so I would cross-reference that, and, of course, the NPRM just came out. If there are any updates to the measures--let's say through our final rule which will come out in November, the November timeframe--if we decide to remove measures from the program or add additional measures, there will be some time to have our QCDR and Registries finalize their list of measures as they finalize their qualified postings. And that would be the time where we could consolidate those changes.

Thank you. And this next question says, "What's the advantage of self-nominating with QPP?"

Well, if you want to self-nominate in a Qualified Registry or QCDR, you would act as a third-party intermediary that would help really assist providers, eligible clinicians in reporting to CMS for purposes of MIPS. Essentially, the relief is to the clinician whether you can reduce burden for them by being their essential one-stop shop for reporting. And we have a process in which you would have to apply and you would have to meet our requirements, so we do refer new applicants to our Self-Nomination Toolkit that's available on the QPP Resource Library to kind of understand those requirements in a more detailed manner prior to self-nominating. But, really, you act as a third-party intermediary between CMS and those eligible clinicians who are participating in MIPS to report data to CMS.

Thank you. And we do have any phone questions at this time?

At this time, there are no phone questions.

All right. We will move on to some more chat questions, then. So, this next one says, "Can you please repeat the contact to ask for the simplified self-nomination form?"

I believe for those existing members who meet the requirements of simplified self-nom, you can contact the PIMMS team. So, if you're a QCDR, the QCDR Vendor Support--QCDRVendorSupport@GDIT.com, or if you're a Registry, it's RegistryVendorSupport@GDIT.com.

Hi. This is Hector, and just to--also, as a reminder, if you did qualify for the simplified self-nomination form for 2020, you also received an e-mail from our team letting you know how to access the simplified self-nominating form.

Great. Thank you. Our next question says, "It says there must be 25 participants already submitting data to you in order to form a Qualified Registry. Can you explain that? And then, how can we have participants if the Qualified Registry is not formed yet?"

Well, I think the point of the requirement is to ensure that you, as a Registry or QCDR, are able to collect data--collect, aggregate, and process data--and that you're not brand-new. So, we're saying that we'd like for you to have experience with Registry submission and Registry processing of data prior to self-nominating as a Qualified Registry or QCDR. So, we're looking for you to have 25 participants that have submitted data to you as a Registry and to provide evidence to us that you have that experience. And that has to be, I believe, 25 participants in the year prior to the year you're self-nominating for. So, if you're a brand-new organization that has never been a Registry or a QCDR, has never collected data in this manner or form, I don't believe you'll be able to meet that requirement.

All right. Our next question says, "When submitting measure performance data, confirming that the acceptable format is to submit average performance in standard deviation? Also, the measure has greater than one performance rate, do you want data for that measure?"

I'll turn it over to Jocelyn for that one.

Yep. So, we would ask that you'd provide the average performance rate, the variance or standard deviation, but also include the number of eligible clinicians and/or TINs submitting the measure within that self-nomination. And as far as multiple performance measures, we would appreciate you to include that information, as well.

All right. Thank you. Our next question asks, "Can QCDRs be from a single institution if there are multiple physicians participating who are private practice and from other sites?"

So, I think it's dependent on... So, typically, we do not allow QCDRs to consist of single practices. We've had QCDRs that are based on large healthcare systems. But we strongly recommend you look at the 2020 QCDR fact sheet to ensure you have the expertise needed to become a QCDR. We're expecting anyone that self-nominates for the QCDR to have that extensive clinical expertise and that measure development expertise outside of developing QCDR measures to really move forward and meet our 2020 definition of a QCDR. If you're looking to become a Registry where they're just looking to submit data on existing MIPS Quality measures or Improvement Activities, or PI measures, you would just need to ensure that you have the technical components and also you meet our Registry requirements, as well. So, there are the fact sheets on the QPP Resource Library. I suggest you take a read at those to ensure you meet our requirements prior to self-nominating.

Thank you. And do we have any phone questions at this time?

There are no phone questions.

All righty. So, the next chat question says, "MIPS eligibility of each eligible clinician can be verified using the QPP Participation Status Tool?"

I believe that is one way that's available. Anastasia, you have the other options that they can use to verify eligibility?

Yeah. We definitely leave that up to the discretion of the vendor to determine how they do that. I do know that if you're an existing vendor, you've probably recently watched some demos on our support call regarding how to use the bold kind of lookup tool. There's also the NPI Lookup Tool

that's on the QPP website. And, of course kind of piggybacking on that, lots of folks use those mechanisms and then also go forward to validate the TINs and the NPIs associated with the clinicians to ensure that that information is also accurate. That's typically how you look up the MIPS eligibility. So, validating that you have the correct TIN and NPIs to validate that MIPS eligibility is also a good idea. And some folks use things like CMS claim forms that the clinicians use to build their Medicare data and has a valid resource for looking at the NPIs, tax identification paperwork for looking up tax identification numbers. There's all sorts of different ways to kind of validate all that information, but it definitely is up to the discretion of the vendor as to how you validate it. Of course, though, as Sophia mentioned though, it is required that you do validate and make sure that you've verified the MIPS eligibility as well as those TINs and NPIs.

All right. Thank you. And our next question is, "Do QCDRs' self-nominated measures need to have gone through the NQF endorsement process, or at the time of submission, can we simply provide the current status of it?"

So, QCDR measures are not required to be NQF endorsed. We don't look for any type of material as to whether or not your QCDR measure has gone through NQF endorsement or set any status update. Of course, you can provide that information to us, but it's not something that we require of QCDR measures for the 2020 performance period.

Thank you. And our next question asks, "What kind of data and validation results do we need to share for new measures?"

For the data, we would request that average performance rate and the number of clinicians in the variance be included. And then, if that is not available, we would require that there would be a study citation indicating that there is a need for improvement. As far as validation, we do have a section in the Measure Self-Submission template for any testing results. And we also ask that the measure is able to be abstracted at the time, so that is the validation requirement for this year.

Great. Thank you. And before I move on to the next question, I do just want to remind everyone, if you have a question you'd like to send in, please send it in through the Q&A box. I see some are coming in through the chat, but we will be checking the Q&A box first, so make sure you're sending them in there so that we can see those.

So, this next question is, "The QCDR measure submission template has a QCDR information tab with a prompt for self-nomination ticket number. Is that still relevant for this coming year?"

Yes, that is still relevant. We sometimes get lots of duplicate self-nominations, and we have some vendors who support multiple different QCDRs or vendor types. So to make sure everything is streamlined, we do ask that you put your self-nomination ticket number associated to that self-nomination you're submitting those QCDR measures for. You should be able to see the self-nomination number right on your landing page as you're going into that self-nomination. It should be up in the upper left-hand corner, I believe, and it's a small number. You know, it could be anything from, like, a self-nomination number 10 to a 327 or something to that effect. So it's not a large number, but it is in your self-nomination ticket.

Great. Thank you. And do we have any phone questions at this time?

There are no phone questions.

All right. And moving on to our next chat question. "When a QCDR wants to submit measures for the self-nomination 2020 period, are they required to be submitted on the same deadline as the application?"

Yes, the deadline is the same. So, your application and your measure template--your completed measure template with having all the required fields completed--are due by September 3<sup>rd</sup>. I believe the closing--the deadline is 8:00 p.m., Eastern time.

Thank you. This next question says, "There are a number of proposals related to QCDRs. In the 2020 physician fee schedule proposed rule, will these apply to keep QCDRs that are approved for 2020? In other words, could the rules change once the final rule is released?"

Some of the policies are applicable for the 2020 performance period, and there are many that we outline where we specifically state that they will only go into effect for the 2021 performance period, if they're finalized. So I would just take a look at those proposals closely to look at which ones go into effect for a later year.

Thank you. This next question asks, "Can there be more than 30 measures as part of the QCDR?"

Yeah. So, to be clear, you can submit up to 30 QCDR measures, but if you want to add MIPS quality measures, eQMs, you can do so. That doesn't count towards the overall count of 30. The limit of 30 is only specific to the QCDR measures, but you can add MIPS quality measures, which are the CQMs or the eQMs to your inventory, as well.

Thank you. Our next question asks, "Can you provide additional details on the requirements for completing the detailed audit?"

Hector, do you want to go through those requirements, please?

Sure. So, the detailed audit is required if there are any data errors identified during the randomized audit. So the data validation plan that's part of your 2020 self-nomination should include your process for performing the detailed audit. That way, we know how you will look into those data errors. Again, the trigger for the detailed audit should be any data error identified during the randomized audit. So, it's regardless of any data error or data error type or percentage. Anything that's identified during the randomized audit should trigger the detailed audit. And again, the detailed audit pretty much describes the process that your organization will take to perform a close analysis of what caused the issue, how that issue was identified, how it was resolved, and how that information will be communicated to the eligible clinicians or to the groups that were impacted as well as how that information will also be communicated to CMS.

Thank you. This next question says, "If a QCDR measure has been previously approved and it's being changed for 2020, do we still need to provide performance data or performance-gap information?"

It really depends on the change that's being made. So, sometimes there are measures where it says, "Test results are given, let's say, within 30

minutes." And if they were making it, let's say, an hour, we probably would want to see test results, why they're needing to go to the lower--

Data, you mean?

Right. Yeah, we want to know the chest X-ray on it. No. You know, if they were dropping it--so, from 30 minutes to 20 minutes, maybe not so much. But if there's a major change, we're gonna want to know that the measure still is of the same caliber that it was before.

Thank you. This next question says, "Please describe the purpose of the random audits. Do we, the Registries, need to mainly police ourselves, or do we also need to make sure that providers are entering the correct information consistent with the medical records?"

It's both. So, as part of the requirements to become a Qualified Registry or QCDR, you're responsible, and you have to certify to the information you were gonna submit to us, so you are submitting that the information is true, accurate, and complete at the time of submission. This is something that we take seriously, and we are wanting to ensure or have our vendors assure that they have done their due diligence in checking their data, that they're not submitting data that could be considered false or incomplete or untrue. So that's why this auditing process is put into place, so you can do a randomized audit, and as Hector mentioned, if you find something during a randomized audit, that should trigger you, regardless of the error, to do your detailed audit. And report those results to CMS. From the 2019 performance period onward, our expectations are QCDRs and Registries are that they do their data validation--they do their data validation prior to submission and they correct those errors so that when they submit their data validation execution report that's due May 31<sup>st</sup> of the following year, that you outline the error and then show us how you resolved the error. Our assumption would be that you would have fixed the error prior to submitting that data to us during the data submission period.

Thank you. Our next questions asks, "During nomination for a Qualified Registry, do you have to choose the individual measures you are planning to report on, or are you open to report on any of the available measures as suits a potential client?"

That is up for you to decide as a Qualified Registry or the QCDR as to whether you want to support all MIPS measures that are in the inventory. However, the responsibility falls to you to ensure that you can support all the measures. We do not want to hear mid-performance period that you can't support a measure because you don't have the technical ability to do so. So that is on you to do your due diligence to ensure you can actually feasibly support any measure that we have in our inventory as a clinician decides to report on that measure. And so we defer to the Registry or QCDR applicant.

Thank you. Our next question asks, "When we provide information on the entities or organizations as collaborating with the points of contact and their roles within the entity, do we also need to submit the contracts with these organizations?"

No, we don't need to see the contracts. You don't need to submit any of that as attachments. We want you to clearly identify who you're working with in the other organization, and we would like that information to be including your self-nom so we can clearly understand the roles and responsibilities of

each of the parties, in this partnership. So, when we review, especially if you're trying to self-nominate as a QCDR, we have an understanding of who brings what expertise to the table. Our vetting of our 2020 QCDRs will be different from every other year. It'll be a little bit more detailed, more granular, because we will be looking for this clinical expertise and measure development expertise and expect any QCDR applicant to clearly define what expertise they bring to the table and if they're partnering with someone that they clearly defined what that partner is bringing.

Well, and the other thing to consider is, if it's ABC Specialty Society in collaboration with 1, 2, 3 EHR systems. So, the EHR, let's say is the backbone of the Registry. Excuse me. We would look to the ABC specialty society, basically, as the qualified entity. Yes, they're both qualified in conjunction with one another, and neither may be qualified in the absence of the other, but in terms of level of responsibility, that first, we would expect the compliance to occur with all of the--with the ABC Specialty Society. That would be the prime that we would generally hold responsible. 'Cause it's their responsibility to manage their subcontractor, if you will.

And to that point, we do have in the self-nomination application form, there is a space for you to add a technical context, so that's where you would add--if you're partnering with someone who's gonna provide a technical backbone, that would be where you would add that information.

All right. Thank you. And do we have anyone on the phone with a question at this time?

There are no phone questions.

All right. So, our next chat question asks, "If we want to include a proposed measure from the 2020 proposed rule, how do we indicate that since it's not yet finalized and doesn't have a number?"

They should just assume that it will be finalized, and if it's not, then they won't be able to obviously report it 'cause if it's not in the program, it's not in the program. But... And they can identify it based on the measure title if it doesn't have a number.

Yeah, I don't think we've built those into our dropdown menu, in the self-nomination application. So if you want to just add a comment, we'll just hang on to it for tracking purposes, and then, once the final rule comes out and we're working on qualified postings, that's where we'll consolidate and let you know whether you can add that measure or not, depending on what we decide in the final rule.

Thank you. Our next question asks, "Can you elaborate on reliability and validity test data in column AO? What data points are you looking for?"

So, this column is optional for this year. It would include in reliability, testing, which could be a signal versus noise, indication if you've done any validity testing for facility, things of that nature, you could include in that column.

Thank you. Next question asks, "If the Measured Submission Template indicates an error, how can this be resolved?" And they noted that they think it may be a cut-and-paste error.



PIMMS, want to address this one?

I think if you're having difficulties, you can reach out to the mailbox, and we can try and--I'm trying to re-create that error currently right now, and I haven't been able to do so. But if you want to reach out, we can definitely provide some assistance.

Thank you. This next question asks, "The Quality ID numbers listed in the MIPS Clinical Quality Measures drop-down are matched to the 2018 Quality Clinical Data Registry, QCDR measures, specifications Excel sheet. seems they just want to make sure this is correct.

I think that we might need some clarification on this question. When we talk about Quality IDs, those are typically in relation to the MIPS Clinical Quality Measures or those measures that are in the program, whereas the QCDR Measure Specification Template is just those QCDR measures, so I think this is kind of bridging across two different types of measure sets, and we might need just a little additional clarification. I will mention, though, that if you are self-nominating for 2020 and you are filling out some kind of QCDR Measure Specification to submit for consideration, do make sure you're using the 2020 version of that, the specification template, as a 2018 version wouldn't be collecting all of the same information. There's been some columns changed and added and all that. So, besides that, I'm not quite sure what they're asking in this.

All right. Then we will move on to the next question, but if that person has any follow-up that they'd like to share, please feel free to submit that to the Q&A box, and we'll keep an eye out. So, this next question asks, "Do Qualified Registries also have to list the individual measures that they intend to support within the self-nom form?"

I believe we--if you're planning to support all of the MIPS Quality measures, the CQMs and possibly the eCQMs, there's a way you can do that, where you can select all. But if you're looking to only support selected measures, then you have to individually click on each of those to kind of include that in your application.

Thank you. And our next question is on column R in the self-nomination measures spreadsheet. "If we update a compliance values, does that affect the ability to compare to the prior benchmarks?"

I think it would be wise just to include that detail of what's changed in the self-nomination or the measure template, and we will vet that through. Not knowing the exact change, I don't want to give you a direction that a new ID would be required without looking at the exact change.

Great. Thank you. This next question says, "The QCDR has provisionally approved measure concepts. How do we document that in the self-nomination?"

Are these provisionally approved for last year's--from last year's use? Is that what the inquirer is referring to, I wonder. Because we have to--

I brought--

Go ahead.

I just read the preview concepts, and so I think they're referring to the preview call, so I think we just need to remind vendors that we didn't approve or provisionally approve any measures during the preview calls, just provided feedback.

Yeah. So, generally, this is a reminder for our existing vendors, and then, for any new vendor that requested a call with us earlier this year. We had given our applicants an opportunity to meet with us to go through any QCDR measure concept. They were planning to submit during self-nom and give them some preliminary feedback, but we will never offer a preliminary approval of any sort or even a preliminary rejection. We would just give you feedback, and hopefully, you would take that into consideration as you self-nominate.

Yeah, we kind of can't get feedback because we don't know what other measures we may get that are in the same--covering the same topic. And it could come to pass that we get another similar measure but better. So, that's kind of why we can't make a determination before self-nomination. Again, as Sophia and Jocelyn said, "Feedback," but that's about it.

Thank you. And our next question asks about column AI in the self-nomination measures spreadsheet. For composite measures that result in one performance rate, would this resolve in one single performance rate?

Yep. If it's only--if you are combining it into one single performance rate, you would want to indicate only one performance rate would be submitted.

Great. Thank you. And do we have any questions on the phone at this time?

We have a question from the line of Sharon Tompkins.

Hi. Thank you so much for taking my call. When I came to the kick-off meeting in April. It was discussed when applying for self-nomination that you had to be able to be extracting and aggregating data for 25 clinicians. It was never indicated or in any of the documentation that you had to actually submit. I'm wondering if that was just misspeaking, or is there some other requirement that I somehow missed? And the second part of this is, if you're a parent company, already a Qualified Registry for nine years now, maybe 10, and applying for a child company, does that qualify as having already been submitting for 25 or more providers if, in fact, it does have to be that you submit it, not just be able to extract the data. I believe, Dr. Green, it was you that said we had to be able to extract the data, but I never heard anything as far as submission. Can I get some clarification on that?

You can. So, basically, you have to--What we've said and what our intent is that you have 25 active participants. So you don't have to report 25--you don't have to be reporting on behalf of 25 clinicians to us, but you have to have 25 users in your Registry or QCDR. So, in other words, it's not like we approve you--or we would approve you and then you go sign up 25 people. You already have to have users. Again, we don't need their data, and it may come to pass that, you know, 5 of the 25, once you'd end up reporting for them, you know, next year. Or none of them, maybe. But the bottom line is, before you self-nominate, you have the experience in collecting that data and processing that data so that that gives us more confidence that you'll be successful in receiving the data. And then, the hurdle that the Registry or the QCDR would have would be formatting it and transmitting it to us. But

that's a lot different than having both hurdles of not only the formatting and transmission but also the collection.

Excellent.

And we've had people, as Sophia said, you know, mid-year, "Well, we had this measure. We know you approved it but guess what--it's still not coded. We still can't collect data on it." You know, that's not a happy place for us, because obviously clinicians, the whole purpose is that they got closer to real-time feedback, and they can make an effort to try to improve the quality of care they're providing.

Excellent. Thank you so very much. You can disregard my questions in chat. And again, thank you very much.

Thank you.

Thank you. And did we have another question on the phone line?

There are no further phone questions.

All right. And I did see a follow-up to that Quality Measure ID question come through. And so, that asks, "Where is the best place to get documentation that lists the full name from each Quality Measure ID in the dropdown?"

I think you could probably refer to either the measures list, or you could go to the proposed rule that would include the measure ID. The MIPS measures.

All right. Thank you. Our next question asks, "In the QCDR Measure Submission Template, there are some columns for which instructions suggest multiple choices may be appropriate, but the template only allows for a single choice. What do we do in this scenario?" And they do list column O, data source use, and column AA, care setting, as two examples of that.

If you're unable to select multiple choices, I would just--there is a section for notes. I would list them there, and we will work with our team to ensure that multiple care settings and whatnot can be selected.

Thank you. Now, our next question asks, "Improvement Activities and Promoting Interoperability are able to be submitted by both Qualified Registries and QCDRs, correct?"

That is correct. Qualified Registries and QCDRs are able to support Improvement Activities and Promoting Interoperability.

Thank you. And we are running low on questions, so a reminder--if you do have a question, please do submit it into the Q&A box or feel free to dial into the phone with the information provided on the screen.

So, this next question asks, "If you have three measures that were approved in 2019 but you cannot be a QCDR going forward, could we give these measures to anyone else that is willing to go through the process of submitting through MIPS?"

So, we specifically would like a QCDR, if they're going to have their measures in the program, they would have to self-nominate. So if you're not planning to--if you didn't meet the updated QCDR definition and don't plan to self-nominate as a QCDR, unless you intend to transfer ownership of your measures to another QCDR, which is certainly up to you, that would be the only way your measures can be--the measures can continue on in the program. Our issue comes about if we, during self-nomination review, request any revisions to be made to the measures, and you have others that are borrowing your measures and they are not gonna be allowed, obviously, to make those revisions. They would have to come back to you, and that would create a whole--far more complex process than what we want. So, it's in the best interest of the QCDR if they want their measures to move forward to self-nominate for the performance period that they are wishing to have their measures in.

Or, again, transfers stewardship so that we can go to one entity and get a decision if we need--if there's something that needs to be changed about the measure.

Thank you. And our next questions asks--Well, they say that they will submit their self-nomination with all of their measures, and then they ask, "Will the QCDR self-nomination approval happen independently from the measure approval? Will we receive approval of our QCDR prior to measure approval, or will CMS need to approve all the measures first?"

We typically do the application approval separate from the QCDR measure approval, but that's to say that, overall, your final approval won't be given if you don't support at least six measures in total for the Quality performance category. So, let's say you are approved of a QCDR and you submit six QCDR measures and no other Quality measures for the given performance period. If, for one reason or another, we reject two of your QCDR measures and we come back to you and ask you to support two MIPS Quality measures to get your inventory up to six measures and you refuse, we would not be able to approve your application because you are not able to support the Quality reporting requirements given here.

But at the same time, there's no point in us reviewing your measures if you're not gonna make the first hurdle of meeting the qualifications of the QCDR.

That's correct. If you don't even meet the QCDR definition, we would not bother to review your measures.

All right. Thank you. Our next question asks, "When selecting a data source in a template for a QCDR measure, one of the options is registry. Wouldn't all QCDR measures have "Registry" as a data source, or should we select the best description of where the registry gets its data?"

Yeah, I would choose the one that best represents where you received the data. So, there are some Registries that are not considered Qualified Registries that would assist in capturing the performance data as well. But I would choose the one that best describes how you're extracting the data.

Thank you. And do we have any questions on the phone?

There are no phone questions.

Great. And that was our last question as of now on self-nomination. And so, if you do have a question, please do send it into the Q&A box or call into the phone, and we'll just hold for a few moments to give everyone a last chance to send those in.

Are there any more questions, either on the phone or in the chat room?

There are no phone questions.

Chat persons?

Let's see. I do see a few coming in through the chat. Someone said, "Preview call feedback is available. Do we add the new measures with feedback incorporated in the 2020 application?"

If you want to propose some, yes. I mean, we would hope that you would take the feedback provided. I mean, it's not to say--as we said earlier, we didn't accept or deny any measures during these preview calls, but we would hope that some other considerations we suggested were adopted, but again, we will still review them even if they weren't. So, you know, if you want to self-nominate them, bring them on.

All right. And we have another one that came in through the chat. It asks, "If we're using measures from another QCDR with their approval, does data on performance need to be shared between the two QCDRs or will each QCDR have its own benchmark?"

Right. So, there will only be one benchmark for the given QCDR measure. Whether or not data has to be shared is contingent on what your agreement is with the other QCDR.

But the measure will have the same number for us.

Yes.

And so they'll have one benchmark. So...

And that data will be aggregated on our back end from the product side, which the scoring team will take into consideration.

Thank you. And that was our last chat question that we had. Are there any questions on the phone? If anyone has a last chat question, please do send it in. Otherwise, we will wrap up.

There are no phone questions.

Okay. Well, there's no more questions in the queue, either? The chat queue?

There are no new questions in the chat.

Okay. Well, we really appreciate everyone's attendance today. We had a fair number of folks on the call and very thoughtful questions, as well, so we hope this was helpful for you, and we will look forward to receiving folks' self-nominations. Sophia, do you have anything you want to add?

No, I think you covered it, Dan. Thank you all for joining. We look forward to getting your self-noms. Please make sure to get them in as soon as you

can, not wait till the last minute. Again, the deadline is September 3<sup>rd</sup> at 8:00 p.m., Eastern time.

Have a good rest of your day and rest of your summer, everybody. Thank you.