QCDR Self-Nomination Fact Sheet
2019 Finalized vs. 2020 Finalized

Burden Impact: The changes to this self-nomination fact sheet reflect proposals in the CY2020 proposed rule which result in an estimated increase in burden of 0.25 hours per QCDR seeking to self-nominate and 1.5 hours per QCDR measure submitted for approval.

Page	Final Rule 2019	Final Rule 2020	Reason for Change
1	Section Header: 2019 Qualified Clinical Data Registry (QCDR) Fact Sheet	Section Header: 2020 Qualified Clinical Data Registry (QCDR) Fact Sheet	Alignment with current year
1	Section Header - When is the self-nomination period? September 1 – November 1 of the year prior to the applicable performance period	Section Header - When is the self-nomination period? July 1 – September 3 of the year prior to the applicable performance period. The Self-Nomination Period will promptly open at 8:00 pm ET on September 3rd. Self-Nominations submitted after the deadline will not be considered.	Edited for alignment with finalized requirements

Page	Final Rule 2019	Final Rule 2020	Reason for Change
1, 2	Section Header - Tips for Successful Self-Nomination: 1. To become qualified for a given performance period, the vendor must exist by January 1 of the performance period and have 25 participants submitting data to the QCDR (not necessarily for purposes of MIPS). For example, to be eligible in the 2019 performance period, the vendor must exist by January 1, 2019. 2. You must provide all required information at the time of self-nomination, via the web-based tool, JIRA: https://oncprojectracking.healthit.gov/support/login.jsp, for CMS review and approval. 3. Self-nomination is an annual process. If you want to qualify as a QCDR, you will need to self-nominate for that year. Qualification and participation in a prior program year does not automatically qualify a vendor for subsequent performance periods. Beginning with the 2019 performance period, a simplified self-nomination process has been implemented to reduce the burden of self-nomination for those existing QCDRs that have previously participated in MIPS and are in good standing (CMS did not take remedial action or terminate as a third party intermediaries). The simplified process is available **only** for existing QCDRs in good standing. The list of vendors that have been qualified to submit data to CMS as a QCDR for purposes of MIPS will be posted on the CMS Quality Payment Program website.	Section Header - Tips for Successful Self-Nomination: 1. To become qualified for a given performance period, the vendor must have at least 25 participants by January 1 of the year prior to the applicable performance period. These participants do not need to use the QCDR to report MIPS data to us; rather, they need to submit data to the QCDR for purposes of quality improvement. 2. You must provide all required information at the time of self-nomination, and before the close of the self-nomination period via the CMS Quality Payment Program portal (https://qpp.cms.gov/login) for CMS consideration. 3. Self-nomination is an annual process. If you want to qualify as a QCDR for a given performance period, you will need to self-nominate for that performance period. Qualification and participation in a prior program year does not automatically qualify a vendor for subsequent MIPS performance periods. A simplified self-nomination form is available to reduce the burden of self-nomination for those existing QCDRs that have previously participated in MIPS and are in good standing (CMS did not take remedial action against or terminate the QCDR as a third party	Edited for alignment with finalized requirements, edited for clarity

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2, 3	Section Header – What is a QCDR? A QCDR is 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. The QCDR reporting option is different from a Qualified Registry because QCDRs are not limited to reporting only MIPS Quality Measures within MIPS. A QCDR may submit a maximum of 30 QCDR developed measures (known as QCDR Measures, and previously as non-MIPS measures) for CMS review and approval for reporting. Quality Measures submitted by a QCDR may include measures from one or more of the following categories: • Clinician and Group Consumer Assessment of Healthcare Providers and Systems (CAHPS), which must be reported via CAHPS certified vendor. Although the CAHPS for MIPS survey is included in the MIPS measure set, the changes needed for reporting by individual eligible clinicians are significant enough to treat it as a QCDR measure for the purposes of reporting via a QCDR. Please note that submitting a subset of CAHPS survey measures as a QCDR measure will not count for credit towards completing the CAHPS for MIPS Survey. • National Quality Forum (NQF) endorsed measures. • Current 2019 MIPS Quality Measures.	Section Header - What is a QCDR? A QCDR is defined as an entity that demonstrates clinical expertise in medicine and quality measurement development that collect medical or clinical data on behalf of MIPS eligible clinicians to track patients and diseases and foster improvement in the quality of care provided to patients. A QCDR may include: • An entity with clinical expertise in medicine. Clinicians must be on staff with the organization and lend their clinical expertise in the work carried out by the organization as a QCDR. • An entity with stand-alone quality measurement development. • An entity that collects medical or clinical data on behalf of a MIPS eligible clinician for the purpose of patient and disease tracking to foster improvement in the quality of care provided to patients. • An entity that uses an external organization for purposes of data collection, calculation, or transmission may meet the definition of a QCDR as long as the entity has a signed, written agreement that specifically details the relationship, roles and responsibilities of the entity with the external organization effective as of September 1 the year prior to the year for which the entity seeks to become a QCDR. Entities without clinical expertise in medicine and quality measure development that want to become a QCDR, may collaborate with entities with such expertise.	Edited for alignment with finalized requirements, Edited for clarity

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3-5	Section Header – What are the requirements to become a QCDR? 1. **Participants:** You must have at least 25 participants by January 1, 2019. These participants are not required to use the QCDR to report data to CMS, but they must be submitting data to the QCDR 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 and QCDR Measures by January 1, 2019. 2. **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. 3. **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 Library of the Quality Payment Program website: https://qpp.cms.gov/developers.	Section Header – What are the requirements to become a QCDR? 1. **Participants:** You must have at least 25 participants by January 1 of the year prior to the applicable performance period (January 1, 2019). These participants are not required to use the QCDR to report MIPS data to CMS, but they must submit data to the QCDR for quality improvement. Please note that your system must be implemented and able to accept data from a clinician, group or virtual group should they wish to submit data on MIPS Quality Measures and QCDR measures starting on January 1, 2020. 2. **Certification Statement:** During the data submission period, you must certify that data submissions are true, accurate, and complete to the best of your knowledge. This certification includes the acceptance of data exports directly from an EHR or other data sources. If you become aware that any submitted information is not true, accurate, and complete, you will correct such issues promptly prior to submission, 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. 3. **Data Submission:** You must submit data via a	Edited for alignment with finalized requirements, Edited for clarity

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5, 6	Section Header - What information is required to self-nominate? You must provide the following when you self-nominate: • Vendor Name • New or Existing QCDR (Approved for a previous year of MIPS and/or Physician Quality Reporting System [PQRS]) • QCDR Measure Specifications (if submitting QCDR Measures) • Supported MIPS Quality Measures • Supported MIPS Performance Categories • Improvement Activities Supported • Promoting Interoperability Measures and Objectives Supported • Performance Period • Vendor Type • Data Collection Method • Method for Verifying TINs and NPIs • Method for Calculating Performance Rates for Quality Measures (source of clinician's data) • Randomized Audit Process • Data Validation Process • Ability to Provide Data Validation Plan Results by May 31st Following the Performance Period (Data Validation Execution Report) • Available Performance Data • Risk Adjustment Method for QCDR Measures • Reporting Options • Cost and Services Included in Cost	Section Header - What information is required to self-nominate? You must provide the following when you self-nominate: • What is your QCDR's Vendor Name? • Are you a new or existing QCDR (approved in a previous year of MIPS and/or Physician Quality Reporting System [PQRS])? • Did you submit QCDR Measure Specifications (if submitting QCDR Measures)? • Are you supporting MIPS Clinical Quality Measures? Please note that the MIPS clinical quality measure must be used as specified. Measure specification changes are not permitted. • Are you supporting MIPS electronic Clinical Quality Measures (eCQMs)? Please note that the MIPS eCQM must be used as specified. Measure specification changes are not permitted. • Which MIPS performance categories do you intend to support? Please note QCDRs are required to support the Quality performance category. • Which Improvement Activities are you supporting? • Are you supporting the Promoting Interoperability Objectives and Measures set? • Vendor Type (i.e., Collaborative, Health Information Exchange/Regional Health	Edited for clarity

<table>
<tr><th>Page</th><th>Final Rule 2019</th><th>Final Rule 2020</th><th>Reason for Change</th></tr>
<tr><td>6, 7</td><td>Section Header - What are the measure specification requirements?

You must provide specifications for each QCDR measure that you would like to nominate for CMS review and approval:

• Provide descriptions and narrative specifications for each QCDR measure with your submitted self-nomination application no later than the last day of the applicable self-nomination period (November 1).
• Publicly post the measure specifications for each QCDR measure no later than 15 calendar days following CMS’s approval of these measure specifications and provide CMS with the link to the posted information (via a comment in your approved JIRA self-nomination form).
<table><tr><th>QCDR Measures</th><th>MIPS Quality Measures</th></tr><tr><td>For QCDR Measures (owned and developed by QCDRs), QCDR measure specifications must include:
• Measure Title
• National Quality Strategy (NQS) domain
• Meaningful measure area
• Meaningful measure area rationale
• Measure type
• Data source used for the measure
• Concise summary of</td><td></td></tr></table></td><td>Section Header - What are the QCDR measure specification requirements?

You must provide specifications for each QCDR measure that you would like to nominate for CMS consideration:

• Provide QCDR measure descriptions and narrative specifications for each QCDR measure with your submitted self-nomination application no later than the last day of the applicable self-nomination period (September 3), utilizing the QCDR measure submission template.
• Publicly post the QCDR measure specifications for each QCDR measure no later than 15 calendar days following CMS’s approval of these QCDR measure specifications and provide CMS with the link to the posted information (via a comment in your approved self-nomination form).
<table><tr><th>QCDR Measures</th><th>MIPS Quality Measures</th></tr><tr><td>For QCDR Measures, QCDR measure specifications must include:
• Measure Title and Description
• Denominator and numerator statements
• Descriptions of the denominator</td><td></td></tr></table></td><td>Edited for alignment with finalized requirements, Edited for clarity</td></tr>
</table>

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7, 8	Section Header - What is considered a QCDR measure? The following are QCDR Measures: • A measure that is not contained in the annual list of MIPS Quality Measures for the applicable performance period. • A measure that may be in the annual list of MIPS Quality Measures but has substantive differences in the manner it is submitted by the QCDR. • The CAHPS for MIPS survey, which can only be submitted using a CMS-approved survey vendor. Although the CAHPS for MIPS survey is included in the MIPS measure set, the changes needed for reporting by individual eligible clinicians are significant enough to treat it as a QCDR measure for the purposes of reporting via a QCDR. CMS will not approve patient survey measures that only measure whether the survey was distributed and/or completed. In addition, QCDRs will not receive CAHPS for MIPS survey credit for CAHPS for MIPS survey measures submitted as QCDR Measures.	Section Header - What is considered a QCDR measure? QCDR Measures may include: • A measure that is not contained in the annual list of MIPS Quality Measures for the applicable performance period. • A measure that may be in the annual list of MIPS Quality Measures but has substantive differences in the manner it is submitted by the QCDR. • The CAHPS for MIPS survey, which can only be submitted using a CMS-approved survey vendor. Although the CAHPS for MIPS survey is included in the MIPS measure set, the changes needed for reporting by individual eligible clinicians are significant enough to treat it as a QCDR measure for the purposes of reporting via a QCDR. CMS will not approve patient survey measures that only measure whether the survey was distributed and/or completed. In addition, QCDRs will not receive CAHPS for MIPS survey credit for CAHPS for MIPS survey measures submitted as QCDR measures.	Edited for clarity

[1] Disclaimer: The information noted is subject to change based upon what is finalized in the CY 2019 Physician Fee Schedule Final Rule for the Quality Payment Program. If needed, this document will be updated to what is finalized in the final rule and reposted accordingly.

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8, 9	Section Header - What are the QCDR measure consideration criteria? Prior to self-nomination of a QCDR measure, the following checklist should be reviewed to increase the likelihood of approval of the QCDR measure. CMS and the contractor team use a similar checklist during the review of QCDR Measures. QCDR Measures should: • Be clinically relevant and evidence based (summary of current clinical guidelines). • Include evidence of a performance gap and/or eligible clinician performance variation. • Include requests made by CMS during the previous program year (Provisionally Approved Measures) or documentation of why the request is not clinically appropriate. • Focus on a quality action instead of documentation. • Focus on an outcome rather than a clinical process. • Preferably fall within clinical workflows so data collection is not burdensome. • Address one or more meaningful measure areas and National Quality Strategy domains. • Be fully developed and not just in the concept development phase. • Include accurate measure classification (inverse, risk-adjusted, ratio, proportional, or continuous variable). • Include proper spelling and grammar throughout the specification.	Section Header - What are the QCDR measure consideration criteria? Prior to self-nomination of a QCDR measure, the following checklist should be reviewed to increase the likelihood of approval of the QCDR measure. CMS and the contractor team use a similar checklist during the review of QCDR measures. QCDR measures should: • Be developed using the measure development processes as defined in the CMS Blueprint. • Be clinically relevant and evidence based (align with current clinical guidelines). • Include evidence of a performance gap either by providing performance data or the most recent study citation supporting a performance gap. • Address requested revisions made by CMS during the previous performance period of MIPS (Provisionally Approved measures) or provide rationale of why the CMS request is not clinically appropriate. • Focus on a quality action instead of documentation. • Focus on an outcome rather than a clinical process. • Have opportunity for adequate patient population and measure adoption for the QCDR measure to have a more significant impact on quality improvement. • Clearly define the quality action and population in the description for eligible clinician ease of understanding.	Edited for alignment with finalized requirements, Edited for clarity

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10, 11	Section Header - What data submission functions must an approved QCDR perform? Following the self-nomination and measure review and approval process, an approved QCDR must perform the following functions related to data submission: **1. Indicate:** • CEHRT data source, if applicable. • End-to-end electronic reporting, if applicable. • Performance period start and end dates. • Reporting on Promoting Interoperability measures and objectives or Improvement Activities, if it applies. **2. Submit:** • Data and results for all your MIPS performance categories. ✓ Include all-payer data, not just Medicare Part B patients. • Results for at least six Quality Measures, including one outcome measure. ✓ If an outcome measure is not available, use at least one other high priority measure. ✓ Give entire distribution of measure results by decile, if available. ▪ Additional information about benchmarks can be found in the Quality Benchmarks zip file. • Appropriate IDs for Quality Measures, Promoting Interoperability measures and objectives, and Improvement Activities. • Measure-level data completeness rates by TIN/NPI and/or TIN. • Measure-level performance rates by TIN/NPI and/or TIN.	Section Header - What data submission functions must a QCDR perform? Following the self-nomination process and QCDR measure review process, an approved QCDR must perform the following data submission functions: **1. Indicate:** • Whether the QCDR is using CEHRT data source • End-to-end electronic reporting, if applicable. • Performance period start and end dates. • Report data on Promoting Interoperability objectives and measures or Improvement Activities, as applicable, to the standards and requirements of the respective performance categories. **2. Submit:** • The data and results for all supported MIPS performance categories. ✓ The data must include **all-payer data**, and not just Medicare Part B patients, as applicable. • Results for at least six Quality Measures (claims, MIPS CQMs, eCQMs, and/or QCDR measures), including one outcome measure, as applicable. ✓ If an outcome measure is not available, use at least one other high-priority measure. ✓ Give entire distribution of measure results by decile, if available. o Additional information about	Edited for clarity

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11, 12	Section Header - What are the thresholds for data inaccuracies? What are considered data inaccuracies? If any data inaccuracies affect more than 3% of your total MIPS eligible clinicians, you: • Remedial action may be taken due to your low data quality rating. • Will have the QCDR Qualified Posting updated for the performance period to indicate remedial action has been taken. Data inaccuracies affecting more than 5% of your total MIPS eligible clinicians may lead to termination of third party intermediaries for the following year(s). CMS will evaluate each Quality Measure for data completeness and accuracy. The vendor will also attest that the data (Quality Measures, Improvement Activities, and Promoting Interoperability measures and objectives, if applicable) and results submitted are true, accurate and complete. CMS will determine error rates calculated on data submitted to CMS for MIPS eligible clinicians. CMS will evaluate data inaccuracies including, but not limited to, TIN/NPI mismatches, formatting issues, calculation errors, and data audit discrepancies affecting in excess of three percent of the total number of MIPS eligible clinicians, groups or virtual groups submitted. Examples of such errors include: • TIN/NPI Issues – Incorrect Tax Identification Numbers (TINs), Incorrect National Provider	Section Header - What are the thresholds for data inaccuracies? What are considered data inaccuracies? Data inaccuracies that affect MIPS eligible clinicians, may result in: • Remedial action may be taken against your QCDR due to the low data quality rating. • Will have the QCDR Qualified Posting updated for the performance period of MIPS to indicate the QCDR's data error rate on the CMS website until the data error rate falls below 3 percent and that remedial action has been taken against the QCDR. Data inaccuracies affecting more than 5% of your total MIPS eligible clinicians may lead to termination of the QCDR for future program year(s). CMS will evaluate each quality measure for data completeness and accuracy. The vendor will also attest that the data (quality measures, improvement activities, and promoting interoperability objectives and measures) results submitted are true, accurate, and complete to the best of their knowledge. CMS will determine error rates calculated on data submitted to CMS for MIPS eligible clinicians. CMS will evaluate data inaccuracies including, but not limited to: • TIN/NPI Issues – Incorrect Tax Identification	Edited for clarity

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12	Section Header - What may cause remedial action to be taken or termination of third party intermediaries from the program? CMS may take remedial action for failing to meet certain standards and/or participation requirements. These requirements include, but are not limited to the following: • QCDR support call absences, • Delinquent deliverables like the Data Validation Execution Report, • Submission of false, inaccurate or incomplete data. If remedial action is taken, CMS will require that the QCDR take remedial action by submitting a corrective action plan to address any deficiencies or issues and prevent them from recurring. The corrective action plan must be received by CMS within 14 calendar days from the date of the CMS remedial action notification for CMS review and approval. Failure to comply with the remedial action process may lead to termination of third party intermediaries for the current and/or subsequent performance year. The QCDR Qualified Posting will be updated to reflect when remedial action has been taken and/or termination of third party intermediaries participating as a qualified QCDR.	Section Header - What may cause remedial action to be taken or termination of third party intermediaries from the program? CMS may take remedial action for failing to meet applicable criteria for approval or submit data that is inaccurate, unusable, or otherwise compromised. Failure to comply with the remedial action process may lead to termination of third party intermediaries for the current and/or subsequent performance year. The QCDR Qualified Posting will be updated to reflect when remedial action has been taken and/or termination of third party intermediaries participating as a qualified QCDR.	Edited for clarity

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	Section Header - What if I do not meet the criteria to become a QCDR on my own? QCDRs are welcome to collaborate with another vendor to meet the requirements and become a QCDR. A vendor that uses an external vendor for data collection, calculation, or transmission may meet the definition of a QCDR if the vendor has a signed, written agreement that specifically details the relationship of the vendor with the external vendor. This agreement must be effective as of September 1 prior to the performance period.		

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13	Section Header - What is the overall process to become an approved QCDR? The overall process includes these steps: • The QCDR completes and submits the self-nomination form, supported measures (MIPS Quality Measures and/or QCDR Measures), and Data Validation Plan through JIRA for CMS review and approval. • If the self-nomination form, MIPS Quality Measures, and Data Validation Plan are approved, all submitted QCDR Measures are reviewed (if applicable). CMS may approve, provisionally approve, or reject the QCDR Measures. The QCDR measure statuses are defined as: o Approved – The QCDR measure is approved for the given performance period. o Provisionally Approved – The QCDR measure is approved for the given performance period however, CMS is requesting additional information or action if the measure is resubmitted for subsequent performance periods. CMS will provide a rationale for the provisional status. This may include performance data to assess performance gaps, revision or harmonization of the measure if it is to be submitted during the next self-nomination period. o Rejected – The QCDR measure is not	Section Header - What is the overall process to become an approved QCDR? The overall process includes these steps: • The QCDR completes and submits the self-nomination form, supported measures (MIPS Quality Measures and/or QCDR Measures), and Data Validation Plan through the Quality Payment Program portal for CMS consideration. • If the self-nomination form, MIPS Quality Measures, and Data Validation Plan are approved, all submitted QCDR measures are reviewed (if applicable). CMS may approve, provisionally approve, or reject the QCDR measures. The QCDR measure statuses are defined as: O Approved – The QCDR measure is approved for the given performance period. O Provisionally Approved – The QCDR measure is approved for the given performance period however, CMS is requesting additional information or action if the QCDR measure is resubmitted for subsequent performance periods. CMS will provide a rationale for the provisional status. This may include performance data to assess performance gaps, revision or harmonization of the QCDR measure if it is to be submitted during the next self-nomination period. O Rejected – The QCDR measure is not approved for the given performance period. CMS will provide a rationale for	Edited for alignment with finalized requirements, Edited for clarity

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13, 14	Section Header – Resources • **QCDR Support Calls -** CMS will hold mandatory support calls for QCDRs that are approved to participate in the performance period they have self-nominated to be considered for. These support calls will be held approximately once a month, with the kick-off meeting being the first of the monthly calls. The support calls address reporting requirements, steps for successful submission, and a question and answer session. Attendance to all support calls is mandatory, and is a requirement of participation as an approved QCDR. Each QCDR must attend both the webinar and audio portion via computer or phone to receive credit for attending the support call. One representative, from a vendor supporting multiple QCDRs, will **NOT** be counted as attendance for multiple QCDRs. • **Quality Payment Program ListServ -** The Quality Payment Program ListServ will provide news and updates on new resources, website updates, upcoming milestones, deadlines, CMS trainings, and webinars. To subscribe, visit the Quality Payment Program website and select "Subscribe to Updates" at the bottom of the page or in the footer. • **Quality Payment Program Website -** Educational documents for QCDR participation will be available on the website to help support you in your submission process. • **Quality Payment Program -** If you have any questions, the Quality Payment Program is here	Section Header – Resources • **QCDR Support Calls -** CMS will hold mandatory support calls for QCDRs that are approved to participate in the 2020 performance period. These support calls will be held approximately once a month, with the kick-off meeting (in-person or virtually) being the first of the monthly calls. The support calls address reporting requirements, steps for successful submission, and allow for a question and answer session. The monthly support calls are limited to only approved 2020 performance period QCDRs. Each QCDR must attend both the webinar and audio portion via computer or phone to receive credit for attending the support call. One representative, from a vendor supporting multiple QCDRs, will **NOT** be counted as attendance for multiple QCDRs. • **Quality Payment Program ListServ -** The Quality Payment Program ListServ will provide news and updates on new resources, website updates, upcoming milestones, deadlines, CMS trainings, and webinars. To subscribe, visit the Quality Payment Program website and select "Subscribe to Updates" at the bottom of the page or in the footer. • **Quality Payment Program Website -** Educational documents for QCDR participation will be available on the website to help support you in your	Edited for clarity