

Response to Comments
Quality Payment Program/Merit-Based Incentive Payment System (MIPS)
CMS- 10621, OMB 0938-1314

1. Burden for Third Party Reporting
 - a. Burden for Qualified Registry Self-Nomination
 - i. No comments.
 - b. Burden for QCDR Self-Nomination
 - i. *Comment:* A few commenters believe that the scope of proposals in the proposed rule increases cost and burden to the point where some third-party intermediaries may end their participation in MIPS. One commenter stated that several provisions would additionally require it to alter business plans, missions, and customer service priorities while another commenter cited their belief that CMS is attempting to shift costs and burden of administering the MIPS program onto specialty societies that create measures and operate QCDRs.
 - ii. *Response:* We believe that our policies are intended to standardize and raise the bar on the services and the quality of the third party intermediaries we have in the MIPS program. Similar to years past, the standards and requirements of QCDRs are higher when compared to that of qualified registries, as we expect QCDRs to have extensive experience in quality reporting, quality measure development, and clinical expertise to not just facilitate reporting, but to also help address measurement gaps found within the program. We believe that QCDRs and qualified registries should further clinician goals of quality improvement by providing meaningful information and services. While we estimate increases in the burden for self-nomination, the burden per QCDR measure submitted for approval, and the costs associated with developing measures and meeting requirements for approval as a QCDR or registry, we believe that the increased cost and burden are significantly outweighed by the positive impact of the policies for MIPS eligible clinicians. We discuss the financial impact of these proposals beyond reporting burden further in section VII.E.10.f. of the RIA.
 - iii. *Comment:* One commenter believes that the “true costs” associated with a QCDR application, whether using the simplified or full application, must reflect more than the actual time to input the data required. The commenter further cited costs such as creating and maintaining registries and QCDR measures, recruitment of clinicians to develop quality improvement initiatives, hiring staff to support and develop content and services identified by these clinicians, and technology solutions necessary to support the quality improvement services.
 - iv. *Response:* We recognize there are additional costs and administrative burdens on respondents associated with self-nominating as a QCDR or

submitting a QCDR measure beyond the reporting burden estimated in the Collection of Information section of this policy which only accounts for the time required for record keeping, reporting, and third-party disclosures associated with the policy. We discuss the financial impact of these proposals beyond reporting burden further in section VII.E.10.f. of the RIA. We understand that some respondents may require additional time above the 0.5 hours we estimate for the simplified self-nomination process and the 3 hours for the full self-nomination process, but given that we do not include the costs to maintain registries or create measures and quality improvement services in our burden estimate, we believe this estimate is a reasonable average across all respondents based on our review of the nomination process, the information required to complete the nomination form, and the criteria required to self-nominate as a QCDR.

2. Burden for the Quality Performance Category
 - a. Burden for Quality Payment Program Identity Management Process
 - i. No comments.
 - b. Burden for Quality Data Submission by Clinicians: Medicare Part B Claims-Based Collection Type
 - i. No comments.
 - c. Burden for Quality Data Submission by Individuals and Groups: MIPS CQM and QCDR Collection Types
 - i. No comments.
 - d. Burden for Quality Data Submission by Clinicians and Groups: eCQM Collection Type
 - i. No comments.
 - e. Burden for Quality Data Submission by CMS Web Interface
 - i. No comments.
 - f. Burden for Group Registration for CMS Web Interface
 - i. No comments.
3. Burden Estimate for the Nomination of Quality Measures
 - a. No comments.
4. Burden Estimate for the Promoting Interoperability Performance Category
 - a. Burden for Reweighting Applications for Promoting Interoperability and Other Performance Categories
 - i. No comments.
 - b. Burden for Submitting Promoting Interoperability Data
 - i. No Comments.
5. Burden Estimate for the Nomination of Promoting Interoperability Measures
 - a. No comments.
6. Burden Estimate for the Submission of Improvement Activities Data
 - a. No comments.
7. Burden Estimate for the Nomination of Improvement Activities
 - a. No comments.

8. Burden Estimate for the Cost Performance Category
 - a. No comments.
9. Burden Estimate for Partial QP Elections
 - a. No comments.
10. Burden Estimate for Other-Payer Advanced APM Determinations
 - a. Payer-Initiated Process
 - i. No comments.
 - b. Eligible Clinician-Initiated Process
 - i. No comments.
 - c. Submission of Data for QP Determinations under the All-Payer Combination Option
 - i. No comments.
11. Burden Estimate for Voluntary Participants to Elect Opt-Out of Performance Data Display on Physician Compare
 - a. No comments.