

## QCDR Measure Submission Template CY 2020 Final versus CY 2021 Proposed

**Burden impact:** The changes to this self-nomination fact sheet reflect proposals in the CY2021 Physician Fee Schedule (PFS) Proposed Rule for the Quality Payment Program. There is no burden impact as a result of these changes.

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### **Change #1:**

**Location:** Instructions Tab

#### **Reason for Change:**

Alignment with current year

#### **CY 2020 Final Rule text:**

Section- Cell A1:

Instructions for populating the 2020 MIPS Performance Period Self-Nomination QCDR Measure Submission Template

#### **CY 2021 Proposed Rule text:**

Section-Cell A1:

Instructions for populating the 2021 Merit-Based Incentive Payment System (MIPS) Performance Period Self-Nomination Qualified Clinical Data Registries (QCDR) Measure Submission Template

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### **Change #2:**

**Location:** Instructions Tab

#### **Reason for Change:**

Alignment with current year, edited for clarity

#### **CY 2020 Final Rule text:**

Section- Cell A3:

Disclaimer: The information noted with an asterisk (\*) is subject to change based upon what is finalized in the CY 2020 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.

#### **CY 2021 Proposed Rule text:**

Section-Cell A3:

Disclaimer: The information is subject to change based upon what is finalized in the Calendar Year 2021 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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### **Change #3:**

**Location:** Instructions Tab

#### **Reason for Change:**

Alignment with current year

**CY 2020 Final Rule text:**

Section- Cell A5:

The QCDR measure submission template should ONLY be filled out by QCDRs who meet the 2020 definition of a QCDR and wish to submit QCDR measures for CMS consideration.

**CY 2021 Proposed Rule text:**

Section-Cell A5:

The QCDR Measure Submission Template should ONLY be filled out by QCDRs who meet the 2020 definition of a QCDR, are self-nominating as a QCDR for 2021, and wish to submit QCDR measures for CMS consideration.

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**Change #4:**

**Location:** Instructions Tab

**Reason for Change:**

Edited for clarity

**CY 2020 Final Rule text:**

Section- Cell A6:

A QCDR may submit a maximum of 30 QCDR measures for review and approval by CMS for reporting.

**CY 2021 Proposed Rule text:**

Section-Cell A6:

A QCDR may submit a maximum of 30 QCDR measures for review and approval by CMS consideration for reporting.

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**Change #5:**

**Location:** Instructions Tab

**Reason for Change:**

Alignment with current year, edited for clarity

**CY 2020 Final Rule text:**

Section- Cell A7:

Complete the fields for each proposed 2020 MIPS Performance Period QCDR Measure. Please ensure that the measure description and specifications are checked for grammar and typographical errors before submission.

**CY 2021 Proposed Rule text:**

Section-Cell A7:

Complete the fields for each proposed 2021 MIPS Performance Period QCDR Measure. (Note: If you do not own the measure, please provide your information in all unshaded columns.) Please ensure that the QCDR measure specifications are checked for grammar and typographical errors before submission.

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**Change #6:**

**Location:** Instructions Tab

**Reason for Change:**

Alignment with current year

**CY 2020 Final Rule text:**

Section- Cell A10:

1. Open the QCDR measure submission template and save it with your organization's name (i.e., 2020 QCDR Measure Submission\_QCDRName\_vX). Please update the version number, when an updated QCDR measure submission template is uploaded or attached.

**CY 2021 Proposed Rule text:**

Section-Cell A10:

1. Open the QCDR Measure Submission Template and save it with your organization's name (i.e., 2021 QCDR Measure Submission\_QCDRName\_vX). Please update the version number, when an updated QCDR Measure Submission Template is uploaded or attached.

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**Change #7:**

**Location:** Instructions Tab

**Reason for Change:**

Edited for clarity

**CY 2020 Final Rule text:**

Section- Cell A11:

2. Navigate to the "QCDR Information" tab. For existing QCDRs in good standing, please update row 3 (Self-Nomination ticket #:) and row 4 (Number of QCDR Measures submitted =). For new QCDRs, enter information for all the rows except for row 2 (QCDR Vendor ID (if applicable) :). Your organization will be assigned a QCDR Vendor ID upon approval.

**CY 2021 Proposed Rule text:**

Section-Cell A11:

2. Navigate to the "QCDR Information" tab. For existing QCDRs in good standing, please update row 5 (Self-Nomination ticket #) and row 6 (Expected number of QCDR measures to be submitted (to be entered by QCDR)). For new QCDRs, enter information for all the rows except for row 4 (QCDR Vendor ID (if applicable)). Your organization will be assigned a QCDR Vendor ID upon approval.

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**Change #8:**

**Location:** Instructions Tab

**Reason for Change:**

Alignment with current year, edited for clarity

**CY 2020 Final Rule text:**

Section- Cell A13:

4. Upload or attach the 2020 QCDR measure submission template to your organization's 2020 self-nomination form. Please note that the 2020 QCDR measure submission template does not need to include all of the proposed QCDR measures to be uploaded or attached to your organization's 2020 self-nomination form. You may upload or attach an updated 2020 QCDR measure submission template with additional QCDR measures prior to the end of the 2020 self-nomination period which ends at 8 pm ET on September 3rd.

**CY 2021 Proposed Rule text:**

Section-Cell A13:

4. Upload or attach the 2021 QCDR Measure Submission Template to your organization's 2021 Self-Nomination form. Please note that the 2021 QCDR Measure Submission Template does not need to include all of the proposed QCDR measures to be uploaded or attached to your organization's 2021 Self-Nomination form. You may upload or attach an updated 2021 QCDR Measure Submission Template with additional QCDR measures prior to the end of the 2021 Self-Nomination period which ends at 8 p.m. Eastern Time (ET) on September 1st.

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**Change #9:**

**Location:** Instructions Tab

**Reason for Change:**

Process improvement

**CY 2020 Final Rule text:**

Location: N/A

**CY 2021 Proposed Rule text:**

Section-Cell B19, C19, D19:

Column Header: Measure ID: Measure Title (Reference only)

Required/Optional? N/A

Instructions: This is a locked autofilled cell that gives a reference point of Measure ID and Measure Title.

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**Change #10:**

**Location:** Instructions Tab

**Reason for Change:**

Edited for clarity

**CY 2020 Final Rule text:**

Section- Cell B25

Column header: Measure Submission Status

**CY 2021 Proposed Rule text:**

Section- Cell B20

Column header: Measure Ready for PIMMS Review?

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**Change #11:**

**Location:** Instructions Tab

**Reason for Change:**

Edited for clarity

**CY 2020 Final Rule text:**

Section-Cell D26

Instructions: Enter "Yes", "No" or "Co-owned" for this field. By selecting "No" you are attesting that you currently have the appropriate documentation (i.e., email, letter) giving your organization permission from the QCDR measure owner/steward to use the QCDR measure. Documentation to support permission will be verified.

\*If your answer is no, you do not own the measure, please fill out Columns E, F, G, and H. For remaining columns, please enter "See owner specs".

**CY 2021 Proposed Rule text:**

Section-Cell: D21

Instructions: Enter "Yes", "No" or "Co-owned by 2 or more QCDRs" for this field. By selecting "No" you are attesting that you do not own or co-own the measure and currently have the appropriate documentation (i.e., email, letter) giving your organization permission from the QCDR measure owner/steward to use the QCDR measure. Documentation to support permission will be verified. Please provide information in all unshaded columns. Please note that the QCDR who owns the measure must be an active and approved QCDR for the given self-nomination period.

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**Change #12:**

**Location:** Instructions Tab

**Reason for Change:**

Edited for clarity

**CY 2020 Final Rule text:**

Section-Cell B27, D27

Column Header: If you do not own or co-own this measure with another QCDR(s), please indicate the owner or co-owners

Instructions: Provide the name of the QCDR that owns this measure or the QCDR(s) that co-own this measure.

Example: Centers for Medicare & Medicaid Services

**CY 2021 Proposed Rule text:**

Section-Cell B22, D22

Column Header: If you answered "No" or "Co-owned by 2 or more QCDRs", please indicate the approved owner or co-owners

Instructions: Provide the name of the active and approved QCDR(s) that own or co-own the QCDR measure.

Example: XXX QCDR

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**Change #13:**

**Location:** Instructions Tab

**Reason for Change:**

Edited for clarity

**CY 2020 Final Rule text:**

Section-Cell B38, D38

Column Header: QCDR Measure Type

Instructions: Select the measure type from the drop down list that describes the measure submitted for review.

**CY 2021 Proposed Rule text:**

Section-Cell B23, D23

Column Header: Program Submission Status

Instructions: Select the measure submission status from the drop down list that describes the measure submitted for review. (New or existing measure with/without changes). If you select 'Existing Approved QCDR Measure With No Changes', all cells

that should not be changed will be shaded. Please ONLY update the cells that are unshaded.

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**Change #14:**

**Location:** Instructions Tab

**Reason for Change:**

Edited for clarity

**CY 2020 Final Rule text:**

Section-Cell D28

Instructions: Provide the QCDR measure ID assigned to the 2017/2018/2019 MIPS performance period approved measure included in the QCDR measure specifications.

Enter "N/A" if not applicable.

Example: ABC55

**CY 2021 Proposed Rule text:**

Section-Cell D24

Instructions: Please enter the most recent CMS assigned QCDR measure ID if the QCDR measure was included in any MIPS performance period as an approved measure. Enter "N/A" if not applicable. Please do NOT self-assign a QCDR measure ID. CMS is responsible for assigning QCDR measure IDs.

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**Change #15:**

**Location:** Instructions Tab

**Reason for Change:**

Process improvement

**CY 2020 Final Rule text:**

Section-Cell B39, D39, B39, D40

Column Header: If this is an existing measure with changes, do the changes impact the intent of the measure?

Instructions: If yes, indicate if the variance is within your registry and/or from another source. If another source, please cite the source.

Column Header: Please indicate what has changed to the existing measure and how the change impacts the intent of the previous version.

Instructions: "Provide details regarding the measure changes and how the changes impact the previous version of the QCDR measure.

Example: 10% improvement in depression symptoms has been added to the numerator. The measure can no longer be benchmarked against the previous year. "

**CY 2021 Proposed Rule text:**

Section-Cell B25, D25

Column Header: If existing measure with changes, please indicate what has changed to the existing measure

Instructions: Provide a detailed explanation of what changes were made to the measure.

Example: Denominator exclusion added

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**Change #16:**

**Location:** Instructions Tab

**Reason for Change:**

Edited for clarity

**CY 2020 Final Rule text:**

Section-Cell D41

Instructions: Enter "Yes" or "No" for this field.

**CY 2021 Proposed Rule text:**

Section-Cell D26

Instructions: Enter "Yes" or "No" to indicate if the benchmark from prior years is able to be used for comparison.

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**Change #17:**

**Location:** Instructions Tab

**Reason for Change:**

Edited for clarity

**CY 2020 Final Rule text:**

Section-Cell B42, D42

Column Header: If applicable, please Indicate why the previous benchmark cannot be used.

Instructions: Provide details regarding why the previous benchmark cannot be used.

Example: The improvement addition to the numerator will make this measure an

Outcome measure and therefore cannot be compared to the measure from last year.

**CY 2021 Proposed Rule text:**

Section-Cell B27, D27

Column Header: If applicable, please provide details why the previous benchmark can or cannot be used

Instructions: Provide details regarding why the previous benchmark can or cannot be used in response to the changes to the existing measure.

Example: The improvement addition to the numerator will make this measure an

Outcome measure and therefore cannot be compared to the measure from last year.

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**Change #18:**

**Location:** Instructions Tab

**Reason for Change:**

Edited for clarity

**CY 2020 Final Rule text:**

Section-Cell B36, D36

Column Header: Data Source Used for the Measure

Instructions: Indicate the data source(s) used for the measure. This may include but is not limited to administrative claims data, facility discharge data, chronic condition data warehouse (CCW), claims, CROWNWeb, EHR (enter relevant parts), Hybrid, IRF-PAI, LTCH CARE data set, National Healthcare Safety Network (NHSN), OASIS-C1, paper medical record, Prescription Drug Event Data Elements, PROMIS, record review, Registry (enter which Registry), Survey, Other (describe source).

**CY 2021 Proposed Rule text**

Section-Cell B35, D35

Column Header: Primary Data Source Used for Abstraction

Instructions: Indicate the primary data source used for the measure. This may include but is not limited to administrative claims data, facility discharge data, chronic condition data warehouse (CCW), claims, CROWNWeb, EHR (enter relevant parts), Hybrid, IRF-PAI, LTCH CARE data set, National Healthcare Safety Network (NHSN), OASIS-C1, paper medical record, Prescription Drug Event Data Elements, PROMIS, record review, Registry (enter which Registry), Survey, Other (describe source).

\*\*\*\*\*

**Change #19:**

**Location:** Instructions Tab

**Reason for Change:**

Edited for clarity

**CY 2020 Final Rule text:**

Section-Cell D37

Instructions: Provide additional information when "Registry" and/or "Other" is selected.

Example: ABC Registry

**CY 2021 Proposed Rule text**

Section-Cell D36

Instructions: Provide additional information when "Registry" and/or "Other" is selected.

Example: ABC Registry

You may list additional data sources used in addition to the primary data source.

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**Change #20:**

**Location:** Instructions Tab

**Reason for Change:**

Edited for clarity

**CY 2020 Final Rule text:**

Section-Cell B44

Column Header: Is the QCDR measure a high priority measure?

**CY 2021 Proposed Rule text**

Section-Cell B38

Column Header: High Priority Measure?

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**Change #21:**

**Location:** Instructions Tab

**Reason for Change:**

Edited for clarity

**CY 2020 Final Rule text:**

Section-Cell D48

Instructions: Select which care setting(s) are included within the measure.



**CY 2021 Proposed Rule text**

Section-Cell D42

Instructions: Select which care setting is included within the measure. If multiple care settings apply, select the option "Multiple Care Settings" and enter them in the next cell.

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**Change #22:**

**Location:** Instructions Tab

**Reason for Change:**

Process improvement

**CY 2020 Final Rule text:**

N/A

**CY 2021 Proposed Rule text**

Section-Cell B43, C43, D43

Columns Header: If Multiple Care Settings selected, list Care Settings here

Require/Optional? Optional

Instructions: If "Multiple Care Settings" was selected, enter all Care Settings that apply.

\*\*\*\*\*

**Change #23:**

**Location:** Instructions Tab

**Reason for Change:**

Updated to align with program requirements

**CY 2020 Final Rule text:**

N/A

**CY 2021 Proposed Rule text**

Section-Cell B44, C44, D44

Columns Header: Includes Telehealth?

Require/Optional? Required

Instructions: Please answer "Yes" or "No" if the QCDR measure's denominator includes services provided via telehealth. (Please review the quality action to ensure that it is appropriate via telehealth.)

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**Change #24:**

**Location:** Instructions Tab

**Reason for Change:**

Edited for clarity

**CY 2020 Final Rule text:**

Section-Cell D55

Instructions: If not a continuous variable and/or ratio measure enter N/A.

Example: 0-100%

**CY 2021 Proposed Rule text**

Section-Cell D51

Instructions: Please provide a defined range of performance. If it is not a continuous variable and/or ratio measure, enter "N/A".

Example: 0-250 minutes

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**Change #25:**

**Location:** Instructions Tab

**Reason for Change:**

Edited for clarity

**CY 2020 Final Rule text:**

Section-Cell B58, D58

Column Header: Indicate an Overall Performance Rate if more than 1 performance rate is submitted

Instructions: Specify which of the submitted rates will represent an overall performance rate for the measure or how an overall performance rate could be calculated based on the data submitted [for example, simple average of the performance rates submitted or weighted average (sum of the numerators divided by the sum of the denominators), etc.

**CY 2021 Proposed Rule text**

Section-Cell B54, D54

Column Header: Indicate an Overall Performance Rate

Instructions: Specify which of the submitted rates will represent an overall performance rate for the measure or how an overall performance rate could be calculated based on the data submitted (for example, simple average of the performance rates submitted) or weighted average (sum of the numerators divided by the sum of the denominators), etc. If only 1 performance rate is being submitted, enter 1st performance rate.

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**Change #26:**

**Location:** Instructions Tab

**Reason for Change:**

Edited for clarity

**CY 2020 Final Rule text:**

Section-Cell B59

Column Header: Risk-Adjusted

**CY 2021 Proposed Rule text**

Section-Cell B55

Column Header: Risk-Adjusted Status?

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**Change #27:**

**Location:** Instructions Tab

**Reason for Change:**

Edited for clarity, updated to align with program requirements

**CY 2020 Final Rule text:**

Section-Cell D61

Instructions: Please attest that the measure element can be abstracted and is feasible.

**CY 2021 Proposed Rule text**

Section-Cell D57

Instructions: Please attest that the measure element can be abstracted and is feasible. If borrowing the measure, it is expected that the ability to abstract the data according to the QCDR measure owner's specifications is a condition of self-nominating the QCDR

measure. Withdrawing of the QCDR measure during an active performance period is not acceptable.

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**Change #28:**

**Location:** Instructions Tab

**Reason for Change:**

Edited for clarity, updated to align with program requirements

**CY 2020 Final Rule text:**

Section-Cell B62, D62

Column Header: Please provide any test data on reliability/validity

Instructions: If test data on reliability/validity is not available enter N/A.

**CY 2021 Proposed Rule text**

Section-Cell B59, D59

Column Header: Validity Testing Summary

Instructions: Provide validity testing summary if available.

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**Change #29:**

**Location:** Instructions Tab

**Reason for Change:**

Updated to align with program requirements

**CY 2020 Final Rule text:**

N/A

**CY 2021 Proposed Rule text**

Section-Cell B58, C58, D58

Column Header: Was the QCDR measure tested at the individual clinician level?

Required/Optional? Optional

Instructions: Enter "Yes" or "No" to indicate if the QCDR measure was tested at the individual clinician level.

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**Change #30:**

**Location:** Instructions Tab

**Reason for Change:**

Updated to align with program requirements

**CY 2020 Final Rule text:**

N/A

**CY 2021 Proposed Rule text**

Section-Cell B60, C60, D60

Column Header: Feasibility Testing Summary

Required/Optional? Optional

Instructions: Provide feasibility testing summary if available.

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**Change #31:**

**Location:** Instructions Tab

**Reason for Change:**

Updated to align with program requirements

**CY 2020 Final Rule text:**

N/A

**CY 2021 Proposed Rule text**

Section-Cell B61, C61, D61

Column Header: Reliability Testing Summary

Required/Optional? Optional

Instructions: Provide reliability testing summary if available.

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**Change #32:**

**Location:** Instructions Tab

**Reason for Change:**

Updated to align with program requirements

**CY 2020 Final Rule text:**

N/A

**CY 2021 Proposed Rule text**

Section-Cell B62, C62, D62

Column Header: Describe Link to Cost Measure/Improvement Activity

Required/Optional? Required

Instructions: Describe the link between the QCDR measure, cost measure, and an improvement activity. Please document "no link identified", if there is no link to a cost measure or an improvement activity. In cases where a QCDR measure does not have a clear link to a cost measure and an improvement activity, we would consider exceptions if the potential QCDR measure otherwise meets the QCDR measure requirements and considerations.

\*\*\*\*\*

**Change #33:**

**Location:** Instructions Tab

**Reason for Change:**

Updated to align with program requirements

**CY 2020 Final Rule text:**

Section- Cell B65, D65

Column Header: Provide measure performance data and variance rate, if available

Instructions: Provide measure performance data and variance rate, if available. CMS provided provisional approval with the expectation that evidence of a performance gap would be provided. Please provide the average performance rate, variance range and the number of eligible clinicians and/or TINs submitting the measure within your self-nomination.

Provisionally approved QCDR measures that do not have performance data or performance data does not support a gap, the measure will likely not be approved for

use in the 2020 performance period of MIPS. CMS provided provisional approval with the expectation that evidence of a performance gap would be provided.

Example: 2019 Performance data shows 150 individual submissions with a mean rate of performance 71.2%

**CY 2021 Proposed Rule text**

Section-Cell B65, D65

Column Header: Provide measure performance data (# months data collected, average performance rate, performance range, and number of clinicians or groups)

Instructions: Please provide the # of months the data was collected, average performance rate, performance range and the number of eligible clinicians and/or TINs submitting the measure within your self-nomination.

Example: 12 months, Average performance rate 75%, range 52-89%, 112 Clinicians submitting data

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**Change #34:**

**Location:** Instructions Tab

**Reason for Change:**

Updated to align with program requirements

**CY 2020 Final Rule text:**

N/A

**CY 2021 Proposed Rule text**

Section-Cell B67, C67, D67

Column Header: If applicable, provide a Participation Plan if QCDR measure has low adoption by clinicians

Required/Optional? Optional

Instructions: If a QCDR measure fails to meet benchmarking thresholds for 2 consecutive performance periods (i.e. the data submitted is insufficient in meeting the case minimum and volume thresholds required for benchmarking), the QCDR may submit a participation plan for CMS consideration if it is believed that the measure is important and relevant to a specialist's practice.

Participation Plan requirements:

Detailed plan and methods to encourage eligible clinicians and groups to increase QCDR measure adoption.

As examples, a QCDR measure participation plan could include one or more of the following: Development of an education and communication plan; update the QCDR measure's specification with changes to encourage broader participation; require reporting on the QCDR measure as a condition of reporting through the QCDR.

\*\*\*\*\*

**Change #36:**

**Location:** Instructions Tab

**Reason for Change:**

Edited for clarity

**CY 2020 Final Rule text:**

Section- Cell D67

Instructions: Indicate the specialty/specialties the measure applies to (i.e., Anesthesiology, Neurology, Urology, etc.).

Example: Mental/Behavioral Health

**CY 2021 Proposed Rule text**

Section-Cell D68

Instructions: Indicate the specialty/specialties the measure applies to.

Example: Anesthesiology, Neurology, and Urology

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**Change #37:**

**Location:** Instructions Tab

**Reason for Change:**

Edited for clarity

**CY 2020 Final Rule text:**

Section- Cell D68

Instructions: Please provide a preferred clinical or specialty category (i.e., Diabetes, Substance Use/Management). Please note that if a preferred measure published clinical category is not provided, one will be assigned to the measure by CMS.

Example: Mental/Behavioral Health

**CY 2021 Proposed Rule text**

Section-Cell D69

Instructions: Please provide a preferred clinical or specialty category. Please note that if a preferred measure published clinical category is not provided, one will be assigned to the measure by CMS.

Example: Diabetes and Substance Use/Management

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**Change #38:**

**Location:** QCDR Information Tab

**Reason for Change:**

Process improvement- Table created

**CY 2020 Final Rule text:**

Section-Cell A1-A4:

QCDR Organization Name:

QCDR Vendor ID (if applicable):

Self-Nomination ticket #:

Number of QCDR Measures submitted =

**CY 2021 Proposed Rule text**

Section-Cell A2-10:

Column Title: QCDR Information Fields:

QCDR Organization Name:

QCDR Vendor ID (if applicable):

Self-Nomination ticket #:

Expected number of QCDR measures to be submitted (to be entered by QCDR):

Total number of QCDR measures entered in 2021 QCDR Measure Submission Template:

Total number of QCDR measures "Ready for PIMMS Review" status in 2021 QCDR Measure Submission Template:

Total number of QCDR measures in "Work in Progress" status in 2021 QCDR Measure Submission Template:

Total number of QCDR measures in missing required information:

Section-Cell B2:

Column Title: QCDR Information Entries

Section-Cell C2-C10:

Column Title: Instructions/Notes

To be completed by the QCDR.

To be completed by the QCDR, if a Vendor ID has been assigned.

To be completed by the QCDR, once a self-nomination ticket is available in the QPP Self-Nomination Portal.

To be completed by the QCDR. Should include the number of QCDR measures the QCDR plans to submit for the 2021 self-nomination period.

For reference only. Count allows check against expected number of QCDR measures to be submitted.

For reference only. Allows confirmation that all expected QCDR measures are ready for PIMMS review at time of submission.

For reference only. Allows confirmation that all expected QCDR measures are no longer in a work in progress status at time of submission.

For reference only. Allows confirmation of the number of QCDR measures missing required information.

\*\*\*\*\*

**Change #39:**

**Location:** 2021 QCDR Measure Subm Template Tab

**Reason for Change:**

Process improvement

**CY 2020 Final Rule text:**

N/A

**CY 2021 Proposed Rule text**

Section-Cell Column D

Column title: Measure ID: Measure Title (Reference only)

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**Change #40:**

**Location:** 2021 QCDR Measure Subm Template Tab

**Reason for Change:**

Edited for clarity

**CY 2020 Final Rule text:**

Section- Cell Column D

Column title: Measure Submission Status\*

**CY 2021 Proposed Rule text**

Section-Cell Column E

Column title: Measure Ready for PIMMS Review? \*

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**Change #41:**

**Location:** 2021 QCDR Measure Subm Template Tab

**Reason for Change:**

Edited for clarity

**CY 2020 Final Rule text:**

Section-Cell Column F

Column title: If you do not own or co-own this measure with another QCDR(s), please indicate the owner or co-owners

**CY 2021 Proposed Rule text**

Section- Cell Column G

Column title: If you answered "No" or "Co-owned by 2 or more QCDRs", please indicate the approved owner or co-owners

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**Change #42:**

**Location:** 2021 QCDR Measure Subm Template Tab

**Reason for Change:**

Edited for clarity

**CY 2020 Final Rule text:**

Section-Column Q

Column title: QCDR Measure Type\*

**CY 2021 Proposed Rule text**

Section-Column H

Column title: Program Submission Status\*

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**Change #43:**

**Location:** 2021 QCDR Measure Subm Template Tab

**Reason for Change:**

Edited for clarity

**CY 2020 Final Rule text:**

Section-Column Q

Column title: QCDR Measure Type\*

**CY 2021 Proposed Rule text**

Section-Column H

Column title: Program Submission Status\*

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**Change #44:**

**Location:** 2021 QCDR Measure Subm Template Tab

**Reason for Change:**

Edited for clarity



**CY 2020 Final Rule text:**

Section-Column R, Column S

Column title: If this is an existing measure with changes, do the changes impact the intent of the measure?

Column title: Please indicate what has changed to the existing measure and how the change impacts the intent of the previous version

**CY 2021 Proposed Rule text**

Section-Column J

Column title: If existing measure with changes, please indicate what has changed to the existing measure

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**Change #45:**

**Location:** 2021 QCDR Measure Subm Template Tab

**Reason for Change:**

Edited for clarity

**CY 2020 Final Rule text:**

Section-Column U

Column title: If applicable, please Indicate why the previous benchmark cannot be used

**CY 2021 Proposed Rule text**

Section-Column L

Column title: If applicable, please provide details why the previous benchmark can or cannot be used

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**Change #46:**

**Location:** 2021 QCDR Measure Subm Template Tab

**Reason for Change:**

Edited for clarity

**CY 2020 Final Rule text:**

Section-Column O

Column title: Data Source Used for the Measure\*

**CY 2021 Proposed Rule text**

Section-Column T

Column title: Primary Data Source Used for Abstraction\*

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**Change #47:**

**Location:** 2021 QCDR Measure Subm Template Tab

**Reason for Change:**

Edited for clarity

**CY 2020 Final Rule text:**

Section-Column W

Column title: Is the QCDR measure a high priority measure? \*

**CY 2021 Proposed Rule text**

Section-Column W

Column title: High Priority Measure? \*

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**Change #48:**

**Location:** 2021 QCDR Measure Subm Template Tab

**Reason for Change:**

Process improvement

**CY 2020 Final Rule text:**

N/A

**CY 2021 Proposed Rule text**

Section-Column AB

Column title: If Multiple Care Settings selected, list Care Settings here

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**Change #49:**

**Location:** 2021 QCDR Measure Subm Template Tab

**Reason for Change:**

Process improvement

**CY 2020 Final Rule text:**

N/A

**CY 2021 Proposed Rule text**

Section-Column AC

Column title: Includes Telehealth? \*

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**Change #50:**

**Location:** 2021 QCDR Measure Subm Template Tab

**Reason for Change:**

Edited for clarity

**CY 2020 Final Rule text:**

Section-Column AK

Column Title: Indicate an Overall Performance Rate if more than 1 performance rate is submitted\*

**CY 2021 Proposed Rule text**

Section-Column AM

Column title: Indicate an Overall Performance Rate\*

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**Change #51:**

**Location:** 2021 QCDR Measure Subm Template Tab

**Reason for Change:**

Process improvement

**CY 2020 Final Rule text:**

Section-Column AL

Column Title: Risk-Adjusted\*

**CY 2021 Proposed Rule text**

Section-Column AN

Column title: Risk-Adjusted Status? \*

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**Change #52:**

**Location:** 2021 QCDR Measure Subm Template Tab

**Reason for Change:**

Updated to align with program requirements

**CY 2020 Final Rule text:**

N/A

**CY 2021 Proposed Rule text**

Section-Column AQ

Column title: Was the QCDR measure tested at the individual clinician level?

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**Change #53:**

**Location:** 2021 QCDR Measure Subm Template Tab

**Reason for Change:**

Updated to align with program requirements

**CY 2020 Final Rule text:**

Section-Column AO

Column title: Please provide any test data on reliability/validity

**CY 2021 Proposed Rule text**

Section-Column AR

Column title: Validity Testing Summary

\*\*\*\*\*

**Change #54:**

**Location:** 2021 QCDR Measure Subm Template Tab

**Reason for Change:**

Updated to align with program requirements

**CY 2020 Final Rule text:**

N/A

**CY 2021 Proposed Rule text**

Section-Column AS

Column title: Feasibility Testing Summary

\*\*\*\*\*

**Change #55:**

**Location:** 2021 QCDR Measure Subm Template Tab

**Reason for Change:**

Updated to align with program requirements

**CY 2020 Final Rule text:**

N/A

**CY 2021 Proposed Rule text**

Section-Column AT

Column title: Reliability Testing Summary

\*\*\*\*\*

**Change #56**

**Location:** 2021 QCDR Measure Subm Template Tab

**Reason for Change:**

Updated to align with program requirements

**CY 2020 Final Rule text:**

N/A

**CY 2021 Proposed Rule text**

Section-Column AU

Column title: Describe Link to Cost Measure/Improvement Activity\*

\*\*\*\*\*

**Change #57:**

**Location:** 2021 QCDR Measure Subm Template Tab

**Reason for Change:**

Edited for clarity, updated to align with program requirements

**CY 2020 Final Rule text:**

Section-Column AR

Column title: Provide measure performance data and variance range, if available\*

**CY 2021 Proposed Rule text**

Section-Column AX

Column title: Provide measure performance data (# months data collected, average performance rate, performance range, and number of clinicians or groups)

\*\*\*\*\*

**Change #58:**

**Location:** 2021 QCDR Measure Subm Template Tab

**Reason for Change:**

Edited for clarity

**CY 2020 Final Rule text:**

Section-Column AS

Column title: Provide the study citation to support performance gap for the measure, if measure performance data is not available

**CY 2021 Proposed Rule text**

Section-Column AY

Column title: If applicable, provide the study citation to support performance gap for the measure

\*\*\*\*\*

**Change #59:**

**Location:** 2021 QCDR Measure Subm Template Tab

**Reason for Change:**

Updated to align with program requirements

**CY 2020 Final Rule text:**

N/A