

# MIPS QCDR and Qualified Registry Self-Nomination User Guide Calendar Year 2024 Final versus Calendar Year 2025 Final

**Burden impact:** The changes to this self-nomination user guide reflect proposals in the Calendar Year (CY) 2025 Medicare Physician Fee Schedule (PFS) Final Rule and result in an estimated change of zero hours as the initial 2025 MIPS QCDR and Qualified Registry Self-Nomination User Guide was published prior to the release of the CY2025 PFS Final Rule.

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**Change #1:**

**Location:** Cover Page

**Reason for Change:**

Alignment with current year requirement.

**CY 2024 Final Rule text:**

Section Header- 2024 Merit-Based Incentive Payment System (MIPS) Program: Self-Nomination User Guide for Qualified Clinical Data Registries (QCDRs) and Qualified Registries

**CY 2025 Final Rule text:**

Section Header - 2025 Merit-Based Incentive Payment System (MIPS) Program: Self-Nomination User Guide for Qualified Clinical Data Registries (QCDRs) and Qualified Registries

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**Change #2:**

**Location:** Cover Page

**Reason for Change:**

Alignment with current year requirement.

**CY 2024 Final Rule text:**

Publication date: June 2023

**CY 2025 Final Rule text:**

Publication date: June 2024

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**Change #3:**

**Location:** Page 1

**Reason for Change:**

Alignment with current year requirement.

**CY 2024 Final Rule text:**

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**CY 2025 Final Rule text:**

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**Change #4:**

**Location:** Page 3

**Reason for Change:**

Alignment with current year requirement.

## **CY 2024 Final Rule text:**

### **Purpose**

The 2024 Self-Nomination User Guide provides prospective Qualified Clinical Data Registries (QCDRs) and Qualified Registries with guidance on how to self-nominate for the 2024 performance period of the Merit-Based Incentive Payment System (MIPS) program. The intent of the guide is to provide entities with step-by-step instructions on the information needed to populate and submit a completed Self-Nomination form for the Centers for Medicare & Medicaid Services (CMS) consideration.

## **CY 2025 Final Rule text:**

### **Purpose**

The 2025 Self-Nomination User Guide provides Qualified Clinical Data Registries (QCDRs) and Qualified Registries with guidance on how to self-nominate for the 2025 performance period of the Merit-based Incentive Payment System (MIPS) program. The intent of the guide is to provide intermediaries with step-by-step instructions on the information needed to populate and submit a completed Self-Nomination form for consideration by the Centers for Medicare & Medicaid Services (CMS).

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### **Change #5:**

**Location:** Page 3-6

**Reason for Change:** Alignment with current year requirement, updates to align with PIMMS User Guide, update to language.

## **CY 2024 Final Rule text:**

### **Background**

The Self-Nomination form is available through the CMS [Quality Payment Program \(QPP\) Self-Nomination website](#) and should be accessed, completed, and submitted by intermediaries seeking to participate in the 2024 MIPS performance period as a QCDR and/or Qualified Registry.

The **QCDR** and **Qualified Registry** Self-Nomination form contains the following tabs (please note, you are required to populate **all** required fields marked with an asterisk (\*) and tabs prior to submitting your Self-Nomination form for CMS review):

- **Intermediary Contact Info tab** – Intermediaries are required to enter their staff access and contact information.
- **Intermediary Details tab** – Intermediaries are required to enter their current and previous MIPS program participation details.
- **Qualified Posting Details tab** – A qualified posting is developed for the approved QCDRs/Qualified Registries and are required to include:
  - Contact Information,
  - Cost information,
  - Services included in cost,

- Last date to accept new clients,
- Reporting information supported,
- Data collection methods,
- Reporting frameworks,
- MIPS Value Pathways (MVPs) supported,
- Performance categories supported,
- Organization type,
- Specialty,
- Previous years of participation in MIPS (if applicable),
- Virtual groups specialty parameters (if applicable),
- The approved activities and measures,

The Qualified Posting is posted on the [CMS QPP Resource Library](#).

- **Attestations tab** – Intermediaries are required to attest that they understand and are able to meet the participation requirements for the 2024 MIPS performance period.
- **Improvement Activities tab** – Intermediaries are required to select and support the improvement activities supported for the 2024 MIPS performance period. For more information, please see the [2023 MIPS Improvement Activities Guide](#).
- **Promoting Interoperability tab** – Intermediaries are required to select and support the Promoting Interoperability objectives and measures for the 2024 MIPS performance period. For the Promoting Interoperability performance category, if the MIPS eligible clinician, group, virtual group, or subgroup<sup>1</sup> is using certified electronic health record technology (CEHRT); the third party intermediary may be excepted from this requirement if ALL its MIPS eligible clinicians, groups, virtual groups, or subgroups fall under the reweighting policies. Health Information Technology (IT) vendors are required to submit data for at least 1 category. For more information, please see the [2023 MIPS Promoting Interoperability User Guide](#).
- **MIPS Clinical Quality Measure (CQM) tab** – Intermediaries are required to select and support the reporting of quality measures. The MIPS CQM is a collection type available to intermediaries to support for the 2024 MIPS performance period. For Traditional MIPS, QCDRs and Qualified Registries **must** support at least 6 quality measures, with at least 1 outcome measure. If an outcome measure is not available, at least 1 other high- priority measure should be used. For MVPs, QCDRs and Qualified Registries **must** support all the MIPS quality measures (that require data submission) available in the MVP they intend to support. Some MIPS CQMs are also available as MIPS electronic Clinical Quality Measures (eCQMs) and must be programmed and implemented as specified in the technical measure specifications. **Changes to the measure specifications or implementation workflows by intermediaries are not permitted.**
- **MIPS electronic Clinical Quality Measure (eCQM) tab** – Intermediaries may specify the eCQMs supported for the 2024 MIPS performance period. Some MIPS eCQMs are also available as MIPS CQMs and should be programmed and implemented as specified in the technical measure specifications. **Changes to the measure specifications or implementation workflows by intermediaries are not permitted.**
- **MIPS Value Pathway (MVP) tab** – Intermediaries may specify the MVPs they'll support for the 2024 MIPS performance period. The list of MVPs reflects what was finalized in the CY2023 Medicare Physician Fee Schedule (PFS) Final Rule. MVP availability is subject to change, based upon what is finalized for inclusion and removal in the CY2024 Medicare Physician Fee Schedule (PFS) Final Rule. Intermediaries will be given the

opportunity to update the specified MVPs after the CY2024 Medicare Physician Fee Schedule (PFS) Final Rule has been published. In addition, voluntary and opt-in participants, as well as virtual groups are currently excluded from MVP reporting.

- **Data Validation tab** – Intermediaries are required to specify the methodology that they'll use to validate the data submitted for the 2024 MIPS performance period.

Please refer to the 2024 QCDR Fact Sheet located in the [QPP Resource Library](#) for additional information on the QCDR participation requirements. The 2024 QCDR Fact Sheet is included in the 2024 Self-Nomination Toolkit.

Please refer to the 2024 Qualified Registry Fact Sheet located in the [QPP Resource Library](#) for additional information on the Qualified Registry participation requirements. The 2024 Qualified Registry Fact Sheet is included in the 2024 Self-Nomination Toolkit.

The **QCDR** Self-Nomination form contains the following additional tabs (You're required to populate all required fields marked with an asterisk (\*) and tabs prior to submitting your Self-Nomination form for CMS review):

- **Benchmarking Capabilities tab** (required) – Allows QCDRs to upload their benchmarking methodology. CMS won't use a QCDR's benchmarking data to establish a MIPS benchmark.
- **QCDR Measures tab** (optional) – Allows QCDRs to provide QCDR measures and/or supplemental QCDR measure documentation for consideration for the 2025 MIPS performance period. To utilize the QCDR measures tab, your intermediary must choose 'Yes' under the "Do you plan to submit QCDR Measures?" question on the **Intermediary Details** tab to submit your QCDR measures. QCDRs who plan to submit QCDR measures for CMS consideration, must complete this tab.

To be considered for the 2024 MIPS performance period, QCDRs and/or Qualified Registries will be required to submit their complete Self-Nomination form, inclusive of QCDR measures (QCDRs only) by **8 p.m. ET on September 1, 2023**. Intermediaries who intend to participate in MIPS as a QCDR and/or Qualified Registry **must complete and submit a Self-Nomination form for each intermediary type** for the 2024 MIPS performance period. CMS will only approve the organization for the intermediary type identified within the Self-Nomination form. Applicants won't be able to update or submit their self-nomination after the deadline. CMS won't review late submissions.

Failure to meet participation requirements and/or the falsification of any information provided during self-nomination, may result in remedial action being taken against the QCDR and/or Qualified Registry, or termination as a QCDR and/or Qualified Registry in the current and future program years of MIPS.

CMS will post 2 qualified postings for the 2024 MIPS performance period (one for approved QCDRs and a second for approved Qualified Registries). MIPS eligible clinicians, groups, virtual groups, subgroups, or Alternative Payment Model (APM) Entities, inclusive of voluntary and opt-in participants or MVP participants may use the qualified postings to select a CMS--approved QCDR or Qualified Registry as their method of data submission for MIPS reporting.

Additional resources regarding the 2024 MIPS performance period can be found on the [QPP website](#).

## CY 2025 Final Rule text:

### Background

The Self-Nomination form is available through the CMS [Quality Payment Program \(QPP\) Self-Nomination website](#) and should be accessed, completed, and submitted by intermediaries seeking to participate in the 2025 MIPS performance period as a QCDR and/or Qualified Registry.

The [QCDR](#) and [Qualified Registry](#) Self-Nomination form contains the following tabs (please note, you're required to populate **all** required fields marked with an asterisk (\*) and tabs prior to submitting your Self-Nomination form for CMS review):

- **Intermediary Contact Info tab** – Intermediaries are required to enter their staff access and contact information.
- **Intermediary Details tab** – Intermediaries are required to enter their current and previous MIPS program participation details.
- **Qualified Posting Details tab** – A qualified posting is developed for the approved QCDRs/Qualified Registries and is required to include:
  - Cost information,
  - Services included in cost,
  - Last date to accept new clients,
  - Reporting information/options supported,
  - Data collection methods, and
  - Performance categories supported.

The Qualified Posting is posted on the [CMS QPP Resource Library](#).

- **Attestations tab** – Intermediaries are required to attest that they understand and are able to meet the participation requirements for the 2025 MIPS performance period.
- **Improvement Activities tab** – Intermediaries are required to select and support the improvement activities supported for the 2025 MIPS performance period. For more information, please see the MIPS Improvement Activities Requirements.
- **Promoting Interoperability tab** – Intermediaries are required to select and support the Promoting Interoperability objectives and measures for the 2025 MIPS performance period. For the Promoting Interoperability performance category, if the MIPS eligible clinician, group, virtual group, or subgroup<sup>1</sup> is using certified electronic health record technology (CEHRT); the third party intermediary may be excepted from this requirement if ALL its MIPS eligible clinicians, groups, virtual groups, or subgroups fall under the reweighting policies. Health Information Technology (IT) vendors are required to submit data for at least 1 category. For more information, please see the [MIPS Promoting Interoperability Requirements](#).
- **MIPS Clinical Quality Measure (CQM) tab** – Intermediaries are required to select and support the reporting of quality measures. The MIPS CQM is a collection type available to intermediaries to support for the 2025 MIPS performance period. For traditional MIPS,

QCDRs and Qualified Registries must support at least 6 quality measures, with at least 1 outcome measure. If an outcome measure isn't available, at least 1 other high-priority measure should be used. For MVPs, QCDRs and Qualified Registries must support all the MIPS quality measures (that require data submission) available in the MVP they intend to support. Not all MIPS quality measure collection types within the MVP must be supported. Some MIPS CQMs are also available as MIPS electronic Clinical Quality Measures (eCQMs) and must be programmed and implemented as specified in the technical measure specifications. Accountable Care Organizations (ACOs) participating in the Medicare Shared Savings Program (Shared Savings Program) may report the 3 Medicare CQMs or a combination of eCQMs/MIPS CQMs/Medicare CQMs, to meet the Shared Savings Program quality reporting requirement at § 425.510(b) and the quality performance standard at § 425.512(a)(5). ACO Medicare CQMs are Quality Measures 001SSP, 134SSP, and 236SSP. **Changes to the measure specifications or implementation workflows by intermediaries aren't permitted. or implementation workflows by intermediaries are not permitted.**

- ***MIPS electronic Clinical Quality Measures (eCQMs) tab*** – Intermediaries may specify the eCQMs supported for the 2025 MIPS performance period. Some MIPS eCQMs are also available as MIPS CQMs and should be programmed and implemented as specified in the technical measure specifications. **Changes to the measure specifications or implementation workflows by intermediaries aren't permitted.**
- ***MIPS Value Pathway (MVP) tab*** – Intermediaries may specify the MVPs and MIPS quality measures and/or QCDR measures within the selected MVPs they'll support for the 2025 MIPS performance period. The list of MVPs reflects what was finalized in the Calendar Year (CY) 2024 Medicare Physician Fee Schedule (PFS) Final Rule. MVP availability is subject to change, based upon what is finalized for inclusion and removal in the CY 2025 Medicare PFS Final Rule. Intermediaries will be given the opportunity to update the specified MVPs during the Qualified Posting review process after the CY 2025 Medicare PFS Final Rule has been published. In addition, voluntary and opt-in participants, as well as virtual groups, are currently excluded from MVP reporting. If an MVP is intended for reporting by multiple specialties, a QCDR or a Qualified Registry is required to report those measures pertinent to the specialty of its MIPS eligible clinicians.
- ***Data Validation tab*** – Intermediaries are required to specify the methodology that they'll use to validate the data submitted for the 2025 MIPS performance period.

Please refer to the 2025 QCDR Fact Sheet (PDF, 3MB) located in the QPP Resource Library for additional information on the QCDR participation requirements. The 2025 QCDR Fact Sheet is included in the 2025 Self-Nomination Toolkit.

Please refer to the 2025 Qualified Registry Fact Sheet (PDF, 3.4MB) located in the QPP Resource Library for additional information on the Qualified Registry participation requirements. The 2025 Qualified Registry Fact Sheet is included in the 2025 Self-Nomination Toolkit.

The **QCDR** Self-Nomination form contains the following additional tabs (you're required to populate all required fields marked with an asterisk (\*) and tabs prior to submitting your Self-Nomination form for CMS review):

- ***Benchmarking Capabilities tab*** (required) – Allows QCDRs to upload their benchmarking methodology. CMS won't use a QCDR's benchmarking data to establish a MIPS benchmark.

- **QCDR Measures tab** (optional) – Allows QCDRs to provide QCDR measures and/or supplemental QCDR measure documentation for consideration for the 2025 MIPS performance period. To utilize the QCDR Measures tab, your intermediary must choose ‘Yes’ under the “Do you plan to submit QCDR Measures?” question on the **Intermediary Details** tab to submit your QCDR Measures. QCDRs who plan to submit QCDR measures for CMS consideration, must complete this tab.

To be considered for the 2025 MIPS performance period, QCDRs and/or Qualified Registries will be required to submit their complete Self-Nomination form, inclusive of QCDR measures (QCDRs only) by **8 p.m. ET on September 3, 2024**. Intermediaries who intend to participate in MIPS as a QCDR and/or Qualified Registry **must complete and submit a Self-Nomination form for each intermediary type** for the 2025 MIPS performance period. CMS will only approve the organization for the intermediary type identified within the Self-Nomination form. Applicants won’t be able to update or submit their Self-Nomination after the deadline. CMS won’t review late submissions.

Failure to meet participation requirements and/or falsifying any information provided during Self-Nomination, may result in remedial action being taken against the QCDR and/or Qualified Registry, or termination as a QCDR and/or Qualified Registry in the current and future MIPS program years.

CMS will post 2 Qualified Postings for the 2025 MIPS performance period (one for approved QCDRs and a second for approved Qualified Registries). MIPS eligible clinicians, groups, virtual groups, subgroups, or Alternative Payment Model (APM) Entities including Shared Savings Program ACOs, inclusive of voluntary and opt-in participants or MVP participants may use the Qualified Postings to select a CMS approved QCDR or Qualified Registry as their method of data submission for MIPS reporting.

Additional resources regarding the 2025 MIPS performance period are on the [QPP website](#).

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**Change #6:**

**Location:** Page 6-16

**Reason for Change:**

Alignment with current year requirement, updates to align with PIMMS User Guide.

**CY 2024 Final Rule text:**

**Accessing the Quality Payment Program Website**

**Sign Up for a Quality Payment Program Account**

If you don’t have a user account, you must create a user account.

1. Review the [QPP Access User Guide \(ZIP Size 4151KB\)](#) that contains these files:
  - a. [QPP Access at a Glance](#) - Gives an overview of what you need to do to sign in to [QPP website](#) and how you will manage access to organizations you want to access to self-nominate.
  - b. [Register for a Health Care Quality Information Systems \(HCQIS\) Access Roles and Profile \(HARP\) Account](#) - Gives step-by-step instructions with screenshots

- for new users (those who have never signed into <https://qpp.cms.gov/>) to create an account.
- c. Connect to an Organization - Gives step-by-step instructions with screenshots for any user to request authorization for an organization. Follow these steps if you need to self-nominate for an organization that is currently submitting on the QPP website. This includes organizations that qualify for the simplified Self-Nomination form. You may need to connect to the organizations that you need to self-nominate.
  - d. Security Officials: **Manage Access** - Gives step-by-step instructions with screenshots for a small group of users (those with a Security Official role) to approve requests to access their organization. Follow these steps if you need to self-nominate for an organization that is currently submitting on the QPP website. This includes organizations that qualify for the simplified Self-Nomination form. You may need to request the Security Official role for the organizations that you need to self-nominate.
2. Navigate to the [QPP website](#).
  3. Click on **Register**.
  4. Click on 'Register with HARP' to create your account. This process could take 5-15 minutes depending on how quickly your data is verified. HARP uses a third-party service provided by Experian to verify your identity. This may require your social security number. Please select the 'Security Official' role.
  5. If you're self-nominating for a new intermediary that isn't currently active on the QPP website, then you're done.
  6. If you're self-nominating for an existing intermediary that is active on the QPP website, then you'll need to connect to that organization and request the "Security Official" role.
  7. Once you've created an account and logged in, you'll land on the **Manage Access** page in the QPP website and will see the 'Registry/QCDR Self-Nomination' link to access the Self-Nomination form for QCDRs/Qualified Registries. You'll see the organizations that you're connected to listed on the **Manage Access** page. If you aren't seeing an existing intermediary that is active on the QPP website that you need to self-nominate, then you'll need to click on 'CONNECT TO ORGANIZATION' and connect to that organization and request the 'Security Official' role.
  8. Log in to the QPP website.
  9. Select 'Sign in'.
  10. Enter your User Identifier (ID) and Password, check the "Yes, I agree" box, and click the 'Sign in' button.

You must have the 'Security Official' role assigned to access, complete, and submit the Self-Nomination form for your organization(s). If you don't have the 'Security Official' role, please submit a request to your organization's 'Security Official' via the QPP website. If you're the 'Security Official' for your organization, you may add this role to the appropriate staff via the QPP website. Users can request access as a 'Security Official' on the **Manage Access** page by clicking the 'CONNECT TO ORGANIZATION' link. You'll be able to identify the QCDRs/Qualified Registries where the 'Security Official' role has been approved as they're listed on the **Manage Access** page. The list of organizations that you can self-nominate will match the list of organizations displayed on the **Manage Access** page under the Registry option (QCDR/Qualified Registry intermediaries). If you know the organization that you need to



self-nominate is active on the QPP website and it's missing from this list, then you need to follow the steps above to 'CONNECT TO ORGANIZATION' in the 'Security Official' role.

**Sharing HARP account credentials with other users isn't permitted and is considered a security violation. Each individual user must have their own HARP account to log in to the QPP website. Unauthorized or improper use of this system is prohibited and may result in disciplinary action and/or civil and criminal penalties.**

**CY 2025 Final Rule text:**

## **Accessing the Quality Payment Program Website**

### **Sign Up for a Quality Payment Program Account**

If you don't have a user account, you must create a user account.

1. Review the QPP Access User Guide (ZIP, 4.2MB) that contains these files:
  - a. QPP Access at-a-Glance - Gives an overview of what you need to do to sign in to the QPP website and how you'll manage access to organizations to self-nominate.
  - b. Register for a Health Care Quality Information Systems (HCQIS) Access Roles and Profile (HARP) Account - Gives step-by-step instructions with screenshots for new users (those who have never signed in to the QPP website) to create an account.
  - c. Connect to an Organization - Gives step-by-step instructions with screenshots for any user to request authorization for an organization. Follow these steps if you need to self-nominate for an organization that's currently submitting data on the QPP website. This includes organizations that qualify for the simplified Self-Nomination form. You may need to connect to the organizations that you need to self-nominate.
  - d. Security Officials: Manage Access - Gives step-by-step instructions with screenshots for a small group of users (those with a Security Official role) to approve requests to access their organization. Follow these steps if you need to self-nominate for an organization that's currently submitting data on the QPP website. This includes organizations that qualify for the simplified Self-Nomination form. You may need to request the Security Official role for the organizations that you need to self-nominate.
2. Navigate to the QPP website.
3. Click on Register
4. Click on 'Register with HARP' to create your account. This process could take 5-15 minutes depending on how quickly your data is verified. HARP uses a third-party service provided by Experian to verify your identity. This may require your Social Security number. Please select the 'Security Official' role.
5. If you're self-nominating for a new intermediary that isn't currently active on the QPP website, then you're done.
6. If you're self-nominating for an existing intermediary that's active on the QPP website, then you'll need to connect to that organization and request the "Security Official" role.
7. Once you've created an account and logged in, you'll land on the Manage Access page in the QPP website and will see the 'Registry/QCDR Self-Nomination' link to access the Self-Nomination form for QCDRs/Qualified Registries. You'll see the organizations that you're connected to listed on the Manage Access page. If you aren't seeing an existing intermediary that's active on the QPP website that you need to self-nominate, then you'll need to click on

'CONNECT TO ORGANIZATION and connect to that organization and request the 'Security Official' role.

8. Log in to the QPP website.

9. Select 'Sign in'.

10. Enter your User Identifier (ID) and Password, check the "Yes, I agree" box, and click the 'Sign in' button.

You must have the 'Security Official' role assigned to access, complete, and submit the Self-Nomination form for your organization(s). If you don't have the 'Security Official' role, please submit a request to your organization's 'Security Official' via the QPP website. If you're the 'Security Official' for your organization, you may add this role to the appropriate staff via the QPP website. Users can request access as a 'Security Official' on the Manage Access page by clicking the 'CONNECT TO ORGANIZATION' link. You'll be able to identify the QCDRs/Qualified Registries where the 'Security Official' role has been approved as they're listed on the Manage Access page. The list of organizations that you can self-nominate will match the list of organizations displayed on the Manage Access page under the Registry option (QCDR/Qualified Registry intermediaries). If you know the organization that you need to self-nominate is active on the QPP website and it's missing from this list, then you need to follow the steps above to 'CONNECT TO ORGANIZATION' in the 'Security Official' role.

**Sharing HARP account credentials with other users isn't permitted and is considered a security violation. Each individual user must have their own HARP account to log in to the QPP website. Unauthorized or improper use of this system is prohibited and may result in disciplinary action and/or civil and criminal penalties.**

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**Change #7:**

**Location:** Page 16,17

**Reason for Change:**

Alignment with current year requirement, updates to align with PIMMS style guide.

**CY 2024 Final Rule text:**

**Self-Nomination Form Tips**

Please consider the following tips as you prepare to self-nominate:

- QCDRs and Qualified Registries must enter and maintain a Health Insurance Portability and Accountable Act (HIPAA) compliant Business Associate Agreement (BAA) with its participating MIPS eligible clinicians, groups, virtual groups, subgroups, or APM Entities, inclusive of voluntary and opt-in participants that provides for receipt of patient-specific data. The BAA must account for the disclosure of quality measure results, numerator and denominator data, and/or patient-specific data on Medicare and non-Medicare patients on behalf of MIPS eligible clinicians, groups, virtual groups, subgroups, or APM Entities, inclusive of voluntary, opt-in participants, and MVP participants.
- All QCDRs and Qualified Registries must complete and submit their Self-Nomination form via the QPP website. No other Self-Nomination form submission methods will be accepted.

- Prepare the information needed to complete the Self-Nomination form and data validation in advance of the attempt to self-nominate via the [QPP website](#). The system will log you out after 30 minutes of inactivity.
- A third party intermediary's principal place of business and retention of associated CMS data must be within the U.S. CMS policy prohibits non-U.S. citizens from accessing CMS IT systems.
- The time required to complete this information collection is estimated to average 12 hours per Self-Nomination form, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the Self-Nomination form.
- All fields marked with a red asterisk (\*) are required.
- You won't be able to successfully submit a self-nomination unless all the required fields of all tabs have been filled out. However, once submitted, you may go back and edit your submission **until 8 p.m. ET on September 1, 2023. Don't click 'SUBMIT FOR REVIEW' until all the required fields of all tabs have been completed.**
- Comment functionality is available in the Self-Nomination tool. It may be used for specifying any updates or informing CMS about any changes that have been applied to the self-nomination or QCDR measures. Refer to 'Comments' section of this user guide for additional information.
- **Please contact the MIPS QCDR/Registry Support Team (Practice Improvement and Measures Management Support (PIMMS) Team) at [QCDRVendorSupport@gdit.com](mailto:QCDRVendorSupport@gdit.com) or [RegistryVendorSupport@gdit.com](mailto:RegistryVendorSupport@gdit.com), if you can't find your simplified Self-Nomination form instead of creating and submitting a new Self-Nomination form for your organization.**
- Please ensure that a member of your organization has a QPP account with the appropriate associated role **at all times and that appropriate coverage is in place if the lead self-nomination contact person is out of the office.**
- If an error message is generated while in the QPP self-nomination website, you should try refreshing the page and/or clearing your cache.
- If you have questions about the 2023 Self-Nomination form, please contact the QPP Service Center at 1-866-288-8292 or by email at: [QPP@cms.hhs.gov](mailto:QPP@cms.hhs.gov) (Monday through Friday from 8 a.m. to 8 p.m. ET). To receive assistance more quickly, please consider calling during non-peak hours, before 10 a.m. and after 2 p.m. ET. Customers who are hearing impaired can dial 711 to be connected to a TRS Communications Assistant.

## CY 2025 Final Rule text:

### Self-Nomination Form Tips

Please consider the following tips as you prepare to self-nominate:

- **Please contact the MIPS QCDR/Registry Support Team (Practice Improvement and Measures Management Support (PIMMS) Team) at [QCDRVendorSupport@gdit.com](mailto:QCDRVendorSupport@gdit.com) or [RegistryVendorSupport@gdit.com](mailto:RegistryVendorSupport@gdit.com), if you can't find your simplified Self-Nomination form instead of creating and submitting a new Self-Nomination form for your organization.**
- QCDRs and Qualified Registries must enter and maintain a Health Insurance Portability and Accountability Act (HIPAA) compliant Business Associate Agreement (BAA) with its

participating MIPS eligible clinicians, groups, virtual groups, subgroups, or APM Entities including Shared Savings Program ACOs, inclusive of voluntary and opt-in participants that provides for receipt of patient-specific data. The BAA must account for the disclosure of quality measure results, numerator and denominator data, and/or patient-specific data on Medicare and non-Medicare patients on behalf of MIPS eligible clinicians, groups, virtual groups, subgroups, or APM Entities including Shared Savings Program ACOs, inclusive of voluntary, opt-in participants, and MVP participants.

- All QCDRs and Qualified Registries must complete and submit their Self-Nomination form via the [QPP website](#). No other Self-Nomination form submission methods will be accepted.
- Prepare the information needed to complete the Self-Nomination form and data validation in advance of the attempt to self-nominate via the [QPP website](#). The system will log you out after 30 minutes of inactivity.
- A third party intermediary's principal place of business and retention of associated CMS data must be within the U.S. CMS policy prohibits non-U.S. citizens from accessing CMS IT systems.
- The time required to complete this information collection is estimated to average 2.5 hours per Self-Nomination form, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the Self-Nomination form.
- All fields marked with a red asterisk (\*) are required.
- You won't be able to successfully submit a Self-Nomination unless all the required fields of all tabs have been filled out. However, once submitted, you may go back and edit your submission **until 8 p.m. ET on September 3, 2024. Don't click 'SUBMIT FOR REVIEW' until all the required fields of all tabs have been completed.**
- Comment functionality is available in the Self-Nomination tool. It may be used for specifying any updates or informing CMS about any changes that have been applied to the Self-Nomination or QCDR measures. Refer to 'Comments' section of this user guide for additional information.
- Please ensure that a member of your organization has a QPP account with the appropriate associated role **at all times and that appropriate coverage is in place if the lead Self-Nomination contact person is out of the office.**
- If an error message is generated while in the QPP Self-Nomination website, you should try refreshing the page and/or clearing your cache.
- If you have questions about the 2024 Self-Nomination form, please contact the QPP Service Center by email at: [QPP@cms.hhs.gov](mailto:QPP@cms.hhs.gov), by phone at 1-866-288-8292 (Monday through Friday from 8 a.m. to 8 p.m. ET) or by creating a QPP Service Center ticket. Customers who are deaf or hard of hearing can dial 711 to be connected to a Telecommunications Relay Services (TRS) Communications Assistant.

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#### **Change #8:**

**Location:** Page 17-20

**Reason for Change:** Updates to align with PIMMS style guide.

#### **CY 2024 Final Rule text:**

##### **Creating a Self-Nomination Form (prospective QCDRs/Qualified Registries)**

1. Click 'Registry/QCDR Self-Nomination' under **Manage Access**.
2. Click 'Add New Intermediary'.

3. Enter your intermediary name (to be displayed on qualified posting) and indicate your QCDR's or Qualified Registry's intermediary type. Please ensure you've selected the correct intermediary type, as this may affect your application. If you would like to self-nominate to become both a QCDR and Qualified Registry, you must complete an application for each intermediary type.
4. Click 'Save & Continue'.
5. Add 'Watchers' to monitor the status of your Self-Nomination form. This feature allows intermediaries to create a list of users who should receive email notifications when comments and/or status changes are provided. Make sure the 'watcher(s)' you provide are kept current to prevent delays with your self-nomination.

### **CY 2025 Final Rule text:**

#### **Creating a Self-Nomination Form (prospective QCDRs/Qualified Registries)**

1. Click 'Registry/QCDR Self-Nomination' under **Manage Access**.
2. Click 'Add New Intermediary'.
3. Enter your intermediary name (to be displayed on qualified posting) and indicate your QCDR's or Qualified Registry's intermediary type. Please ensure you've selected the correct intermediary type, as this may affect your application. If you would like to self-nominate to become both a QCDR and Qualified Registry, you must complete an application for each intermediary type.
4. Click 'Save & Continue'.
5. Add 'Watchers' to monitor the status of your Self-Nomination form. This feature allows intermediaries to create a list of users who should receive email notifications when comments and/or status changes are provided. Make sure the 'watcher(s)' you provide are kept current to prevent delays with your Self-Nomination.

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#### **Change #9:**

**Location:** Page 22,23

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

Alignment with current year requirement, updates to align with PIMMS Style Guide.

### **CY 2024 Final Rule text:**

#### **Populating the 2024 Self-Nomination Form**

Disclaimer: A majority of the screenshots used in this section of the user guide were taken from the QCDR Self-Nomination form. Corresponding fields of the Qualified Registry Self-Nomination form may slightly differ.

The 'Populating the 2024 Self-Nomination Form' process should be completed by prospective QCDRs/Qualified Registries or existing QCDRs/Qualified Registries that currently aren't in good standing (i.e., remedial action was taken against the intermediary). Existing QCDRs/Qualified Registries in good standing may refer to the 'Populating the 2024 Simplified Self-Nomination form' section of the user guide for information on self-nominating for the 2023 MIPS performance period. Existing QCDRs/Qualified Registries in good standing should contact the MIPS QCDR/Registry Support Team (PIMMS Team) at [QCDRVendorSupport@gdit.com](mailto:QCDRVendorSupport@gdit.com) or [RegistryVendorSupport@gdit.com](mailto:RegistryVendorSupport@gdit.com) if they can't find or access the simplified Self-Nomination form instead of submitting a new Self-Nomination form.

All input placed into the form is automatically saved when you move to the next field. If you can't complete the Self-Nomination form in one session, you may click the 'Save & Close' button on the Self-Nomination form and come back to it later.

You may navigate between the Self-Nomination form tabs by clicking the appropriate tab on the left-hand side of the screen or at the bottom of the screen.

**CY 2025 Final Rule text:  
Populating the 2025 Self-Nomination Form**

Disclaimer: A majority of the screenshots used in this section of the user guide were taken from the QCDR Self-Nomination form. Corresponding fields of the Qualified Registry Self-Nomination form may slightly differ.

The 'Populating the 2025 Self-Nomination Form' process should be completed by prospective QCDRs/Qualified Registries or existing QCDRs/Qualified Registries that currently aren't in good standing (i.e., remedial action was taken against the intermediary). Existing QCDRs/Qualified Registries in good standing may refer to the- '[Populating the 2024 Simplified Self-Nomination form](#)' section of the user guide for information on self-nominating for the 2025 MIPS performance period. Existing QCDRs/Qualified Registries in good standing should contact the MIPS QCDR/Registry Support Team (PIMMS Team) at [QCDRVendorSupport@gdit.com](mailto:QCDRVendorSupport@gdit.com) or [RegistryVendorSupport@gdit.com](mailto:RegistryVendorSupport@gdit.com) if they can't find or access the simplified Self-Nomination form instead of submitting a new Self-Nomination form.

All input placed into the form is automatically saved when you move to the next field. If you can't complete the Self-Nomination form in one session, you may click the 'Save & Close' button on the Self-Nomination form and come back to it later.

You may navigate between the Self-Nomination form tabs by clicking the appropriate tab on the left-hand side of the screen or at the bottom of the screen.

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**Change #10:**

**Location:** Page 24

**Reason for Change:**

Alignment with current year requirements, updates to align with PIMMS Style Guide, removal of Physician Care Compare language.

**CY 2024 Final Rule text:  
Populating the 2024 Simplified Self-Nomination Form**

A Simplified Self-Nomination form is available to reduce the burden of self-nomination for those existing QCDRs/Qualified Registries that have previously participated in MIPS and are in good standing (remedial action hasn't been taken against the intermediary). A Simplified Self-Nomination form is available only for existing QCDRs and Qualified Registries in good standing with minimal changes, and those with substantive changes as described below. Existing QCDRs/Qualified Registries in good standing should contact the MIPS QCDR/Registry Support Team (PIMMS Team) at [QCDRVendorSupport@gdit.com](mailto:QCDRVendorSupport@gdit.com) and [RegistryVendorSupport@gdit.com](mailto:RegistryVendorSupport@gdit.com) if they can't find or access the Simplified Self-Nomination form (instead of submitting a new Self-Nomination form).

• **QCDR/Qualified Registry with minimal changes** – existing QCDRs/Qualified Registries in good standing that would like to submit minimal changes to their previously approved Self-Nomination form from the previous year may submit these changes (and attest to no additional changes from their previously approved QCDR/Qualified Registry Self-Nomination form) for CMS review and consideration during the self-nomination period, from July 1 and September 1.

Minimal changes include but aren't limited to:

- o Limited changes to the supported performance categories.
- o Adding or removing MIPS quality measures.
- o Reporting frameworks.
- o MVPs supported.
- o Promoting Interoperability measures.
- o Improvement activities.
- o Adding or updating existing services offered.
- o Cost associated with using the QCDR/Qualified Registry

• **QCDR/Qualified Registry with substantive changes** – existing QCDRs/Qualified Registries in good standing may also submit for CMS review and approval, updates to a QCDR's/Qualified Registry's data validation, or a change in the organizational structure that would impact any aspect of the QCDR/Qualified Registry. Substantive changes impacting the organizational structure should be communicated to CMS as soon as possible. Suggestions for new MIPS quality measures should go through the Annual Call for Measures process and updates to the existing MIPS quality measures should be submitted to the existing measure's steward. QCDRs/Qualified Registries aren't allowed to submit or create new MIPS quality measures during self-nomination.

You may begin your 2024 Simplified Self-Nomination form by clicking 'Get Started' on the self-nomination landing page. Existing QCDRs and Qualified Registries that are eligible for the Simplified Self-Nomination form will see a nomination status of 'Renewed'.

The new fields in the 2024 Self-Nomination form (fields that are now required or include validation for a specific format (i.e., telephone number)) will need to be populated or updated for the Self-Nomination form to pass validation and be successfully submitted.

A Simplified Self-Nomination form is available to reduce the burden of Self-Nomination for those existing QCDRs/Qualified Registries that have previously participated in MIPS and are in **good standing** (remedial action hasn't been taken against the intermediary). Existing QCDRs/Qualified Registries in good standing should contact the MIPS QCDR/Registry Support Team (PIMMS Team) at [QCDRVendorSupport@gdit.com](mailto:QCDRVendorSupport@gdit.com) and [RegistryVendorSupport@gdit.com](mailto:RegistryVendorSupport@gdit.com) if they can't find or access the Simplified Self-Nomination form (instead of submitting a new Self-Nomination form).

- **QCDR/Qualified Registry with substantive changes** – existing QCDRs/Qualified Registries in good standing may also submit for CMS review and approval, updates to a QCDR's/Qualified Registry's data validation, or a change in the organizational structure that would impact any aspect of the QCDR/Qualified Registry. Substantive changes impacting the organizational structure should be communicated to CMS as soon as possible. Suggestions for new MIPS quality measures should go through the Annual Call for Measures process and updates to the existing MIPS quality measures should be submitted to the existing measure's steward. QCDRs/Qualified Registries aren't allowed

to submit or create new MIPS quality measures during Self-Nomination. **Significant changes such as new collaborations may require a new Self-Nomination form.**

You may begin your 2025 Simplified Self-Nomination form by clicking 'Get Started' on the Self-Nomination landing page. Existing QCDRs and Qualified Registries that are eligible for the Simplified Self-Nomination form will see a nomination status of 'Renewed'.

The new fields in the 2025 Self-Nomination form (fields that are now required or include validation for a specific format (i.e., telephone number)) will need to be populated or updated for the Self-Nomination form to pass validation and be successfully submitted.

**CY 2025 Final Rule text:  
Populating the 2025 Simplified Self-Nomination Form**

A Simplified Self-Nomination form is available to reduce the burden of Self-Nomination for those existing QCDRs/Qualified Registries that have previously participated in MIPS and are in **good standing** (remedial action hasn't been taken against the intermediary). Existing QCDRs/Qualified Registries in good standing should contact the MIPS QCDR/Registry Support Team (PIMMS Team) at [QCDRVendorSupport@gdit.com](mailto:QCDRVendorSupport@gdit.com) and [RegistryVendorSupport@gdit.com](mailto:RegistryVendorSupport@gdit.com) if they can't find or access the Simplified Self-Nomination form (instead of submitting a new Self-Nomination form).

- **QCDR/Qualified Registry with substantive changes** – existing QCDRs/Qualified Registries in good standing may also submit for CMS review and approval, updates to a QCDR's/Qualified Registry's data validation, or a change in the organizational structure that would impact any aspect of the QCDR/Qualified Registry. Substantive changes impacting the organizational structure should be communicated to CMS as soon as possible. Suggestions for new MIPS quality measures should go through the Annual Call for Measures process and updates to the existing MIPS quality measures should be submitted to the existing measure's steward. QCDRs/Qualified Registries aren't allowed to submit or create new MIPS quality measures during Self-Nomination. **Significant changes such as new collaborations may require a new Self-Nomination form.**

You may begin your 2025 Simplified Self-Nomination form by clicking 'Get Started' on the Self-Nomination landing page. Existing QCDRs and Qualified Registries that are eligible for the Simplified Self-Nomination form will see a nomination status of 'Renewed'.

The new fields in the 2025 Self-Nomination form (fields that are now required or include validation for a specific format (i.e., telephone number)) will need to be populated or updated for the Self-Nomination form to pass validation and be successfully submitted.

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**Change #11:**

**Location:** Page 24-29

**Reason for Change:**

Alignment with current year requirement



## **CY 2024 Final Rule text:**

### **Intermediary Contact Info**

1. Enter the name of your QCDR or Qualified Registry (if different from the intermediary name) and your organization's tax identification number (TIN). The intermediary name will be used as your QCDR or Qualified Registry name for CMS purposes. Please indicate if your organization will be participating as both intermediary types (i.e., QCDR/Qualified Registry) for the 2024 MIPS performance period. The 'Intermediary Staff Access' field will ONLY be seen if the Self Nomination form is for a new intermediary. List email addresses for any additional staff at your organization who need to have access to the Self-Nomination form. To access an existing intermediary's Self-Nomination form, additional users must be connected to that organization as a 'Security Official' role.
2. Enter the mailing address for your QCDR or Qualified Registry.
3. Enter the QCDR's or Qualified Registry's contact information (i.e., Phone Number and Website). The 'Phone Number' field should be populated as (XXX) XXX-XXXX.
4. Enter information for a program, clinical, and technical contact. You're required to provide 3 unique points of contact (POCs) for these 3 fields. Entering only 1 POC or different email addresses for the same POC (i.e., the same name is entered for the program and clinical contact with 2 different email addresses) isn't acceptable. If you would like to add additional POCs to be included in the email distribution to receive program announcements and support call information (if approved), please add the email address(es) in the 'Additional Contact Email(s)' field.

This contact information will only be used in relation to your potential participation in the program. To ensure notices are received, please have these contacts add the QPP email to their safe/approved senders list.

## **CY 2025 Final Rule text:**

### **Intermediary Contact Info**

1. Enter the name of your QCDR or Qualified Registry (if different from the intermediary name) and your organization's Tax Identification Number (TIN). The intermediary name will be used as your QCDR or Qualified Registry name for CMS purposes. Please include the external organization that you are partnering or collaborating with as part of your intermediary name. Please indicate if your organization will be participating as both intermediary types (i.e., QCDR/Qualified Registry) for the 2025 MIPS performance period. The 'Intermediary Staff Access' field will ONLY be seen if the Self-Nomination form is for a new intermediary. List email addresses for any additional staff at your organization who need to have access to the Self-Nomination form. To access an existing intermediary's Self-Nomination form, additional users must be connected to that organization as a 'Security Official' role.
2. Enter the mailing address for your QCDR or Qualified Registry.
3. Enter the QCDR's or Qualified Registry's contact information (i.e., Phone Number and Website). The 'Phone Number' field should be populated as (XXX) XXX-XXXX.
4. Enter information for a program, clinical, and technical contact. You're required to provide 3 unique points of contact (POCs) for these 3 fields. Entering only 1 POC or different email addresses for the same POC (i.e., the same name is entered for the program and clinical contact with 2 different email addresses) isn't acceptable. If you would like to add additional POCs to be included in the email distribution to receive

program announcements and support call information (if approved), please add the email address(es) in the 'Additional Contact Email(s)' field.

This contact information will only be used in relation to your potential participation in the program. To ensure notices are received, please have these contacts add the QPP email to their safe/approved senders list.

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**Change #12**

**Location:** Page 29-33

**Reason for Change:**

Alignment with current year requirement, updates to align with PIMMS User Guide.

**CY 2024 Final Rule text:**

**Intermediary Details**

1. Click the Intermediary Details tab.
2. Indicate your QCDR's or Qualified Registry's intermediary type. If 'Health IT Vendor' or 'Other' is selected, please specify.
3. Indicate if this is a new or existing QCDR or Qualified Registry that participated under MIPS and Physician Quality Reporting System (PQRS). Select all the applicable years your QCDR or Qualified Registry participated in MIPS and/or PQRS as a QCDR or Qualified Registry. If you change intermediary type, your organization is considered as 'new' for the given MIPS performance period. If you're an existing intermediary, you will be required to answer the next question regarding your participation during the last 2 performance periods and the submission of MIPS data.
4. Indicate whether or not your intermediary has participated as a QCDR or Qualified Registry during the last 2 MIPS performance periods by selecting 'Yes' or 'No'.
5. If 'Yes' is selected for the question above, did your intermediary not submit any MIPS data for either of the 2 years preceding the applicable self-nomination period on behalf of clinicians, groups, virtual groups, subgroups, or APM Entities, inclusive of voluntary, opt-in, and/or MVP participants? If 'No' is selected, no further information is needed. If 'Yes' is selected, provide a detailed self-nomination participation plan on how your intermediary plans to encourage clinicians, groups, virtual groups, subgroups, or APM Entities, inclusive of voluntary, opt-in, and/or MVP participants, to submit MIPS data to CMS and why you should still be able to participate as a qualified intermediary going forward.
6. Enter any other aliases or acronyms your QCDR or Qualified Registry currently uses or has used for participation as a QCDR or Qualified Registry in previous performance periods.
7. Please indicate your QCDR or Qualified Registry's related clinical specialty(ies).
8. Does the QCDR plan to submit QCDR measures? Please select 'Yes' or 'No' (QCDRs only). To populate the QCDR Measures tab, your intermediary must choose 'Yes' under the "Do you plan to submit QCDR Measures?" question to submit your QCDR measures for CMS consideration.
9. Describe how your QCDR meets the definition of a QCDR. Reiterating CMS's definition of a QCDR doesn't suffice as justification as to how your QCDR meets the definition. Please describe in detail your QCDR's clinical expertise and quality measure development experience, partnerships or collaborations, patient and/or disease tracking capability, method(s) used to foster quality improvement, and evidence of meeting the identified deficiencies to meet the definition of a QCDR (if applicable) (QCDRs Only).

Please refer to the 2024 QCDR Self-Nomination Fact Sheet for more detailed information on what is required.

**CY 2025 Final Rule text:  
Intermediary Details**

1. Click the Intermediary Details tab.
2. Indicate your QCDR's or Qualified Registry's intermediary type. If 'Health IT Vendor' or 'Other' is selected, please specify.
3. Indicate if this is a new or existing QCDR or Qualified Registry that participated under MIPS and Physician Quality Reporting System (PQRS). Select all the applicable years your QCDR or Qualified Registry participated in MIPS and/or PQRS as a QCDR or Qualified Registry. If you change intermediary type, your organization is considered as 'new' for the given MIPS performance period. If you're an existing intermediary, you will be required to answer the next question regarding your participation during the last 2 performance periods and the submission of MIPS data.
4. Indicate whether or not your intermediary has participated as a QCDR or Qualified Registry during the last 2 MIPS performance periods by selecting 'Yes' or 'No'.
5. If 'Yes' is selected for the question above, did your intermediary not submit any MIPS data for either of the 2 years preceding the applicable Self-Nomination period on behalf of clinicians, groups, virtual groups, subgroups, or APM Entities including Shared Savings Program ACOs, inclusive of voluntary, opt-in, and/or MVP participants? If 'No' is selected, no further information is needed. If 'Yes' is selected, provide a detailed Self-Nomination participation plan on how your intermediary plans to encourage clinicians, groups, virtual groups, subgroups, or APM Entities including Shared Savings Program ACOs, inclusive of voluntary, opt-in, and/or MVP participants, to submit MIPS data to CMS and why you should still be able to participate as a qualified intermediary going forward.
6. Enter any other aliases or acronyms your QCDR or Qualified Registry currently uses or has used for participation as a QCDR or Qualified Registry in previous performance periods.
7. Please indicate your QCDR or Qualified Registry's related clinical specialty(ies).
8. Does the QCDR plan to submit QCDR measures? Please select 'Yes' or 'No' (QCDRs only). To populate the QCDR Measures tab, your intermediary must choose 'Yes' under the "Do you plan to submit QCDR Measures?" question to submit your QCDR measures for CMS consideration.
9. Describe how your QCDR meets the definition of a QCDR. Reiterating CMS's definition of a QCDR doesn't suffice as justification as to how your QCDR meets the definition. Please describe in detail your QCDR's clinical expertise and quality measure development experience, partnerships or collaborations, patient and/or disease tracking capability, method(s) used to foster quality improvement, and evidence of meeting the identified deficiencies to meet the definition of a QCDR (if applicable) (QCDRs Only).

Please refer to the 2025 QCDR Self-Nomination Fact Sheet for more detailed information on what is required.

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**Change #13:**

**Location:** Page 33-37

**Reason for Change:**

Alignment with current year requirement, update to terms, updates to align with PIMMS Style Guide.

**CY 2024 Final Rule text:**

## Qualified Posting Details

1. Click the Qualified Posting Details tab.
2. Indicate the cost information as well as the type of services your QCDR or Qualified Registry provides. If approved, this information will be included in the QCDR's or Qualified Registry's qualified posting. Please include frequency (monthly, annual, per submission), if the cost is per provider/practice, and if there's a different cost for supporting Traditional MIPS compared to MVPs. Make sure to provide in detail the differences in cost/services in each Self-Nomination form, if you are an intermediary that selected 'Yes' to self-nominate as both a QCDR and Qualified Registry in the Intermediary Contact Info tab.
3. Indicate the latest date your QCDR or Qualified Registry can accept new clients. Please add the date as MM/DD/YYYY. The performance period starts January 1, 2024, and ends December 31, 2024. As a reminder, data submissions begin January 2, 2025, and end on April 1, 2025.
  - Indicate the data collection method(s) your QCDR or Qualified Registry supports, select the performance category(ies) you'll be supporting, and which reporting options you'll support. If 'Other' is selected, please specify the data collection method in the corresponding field. The quality and improvement activities performance categories are grayed out as your QCDR or Qualified Registry must support quality and improvement activities. QCDRs and Qualified Registries that submit data are REQUIRED to support the quality, Promoting Interoperability and improvement activities performance categories. A third party intermediary could be excepted from Promoting Interoperability if ALL its MIPS eligible clinicians, groups, virtual groups, and/or subgroups, fall under the reweighting policies. For more information, please see the 2023 MIPS Promoting Interoperability User Guide.
  - Indicate which reporting options and participation options you'll support for your MIPS eligible clinicians to participate as individual clinicians, groups, virtual groups, subgroups or APM Entities, inclusive of voluntary, opt-in, and/or MVP participants. QCDRs and Qualified Registries must support MVPs that are relevant to the specialties supported. An intermediary may be excepted from supporting MVPs if none of the approved MVPs for the given MIPS performance period are relevant to the specialties supported. QCDRs and Qualified Registries may also support the APM Performance Pathway (APP).

## CY 2025 Final Rule text:

### Qualified Posting Details

1. Click the Qualified Posting Details tab.
2. Indicate the cost information as well as the type of services your QCDR or Qualified Registry provides. If approved, this information will be included in the QCDR's or Qualified Registry's qualified posting. Please include frequency (monthly, annual, per submission), if the cost is per provider/practice, and if there's a different cost for supporting Traditional MIPS compared to MVPs. Make sure to provide in detail the differences in cost/services in each Self-Nomination form, if you are an intermediary that selected 'Yes' to self-nominate as both a QCDR and Qualified Registry in the Intermediary Contact Info tab.
3. Indicate the latest date your QCDR or Qualified Registry can accept new clients. Please add the date as MM/DD/YYYY. The performance period starts January 1, 2025, and ends December 31, 2025. As a reminder, data submissions begin January 2, 2026, and end on April 1, 2026.

- Indicate the data collection method(s) your QCDR or Qualified Registry supports, select the performance category(ies) you'll be supporting, and which reporting options you'll support. If 'Other' is selected, please specify the data collection method in the corresponding field. The quality and improvement activities performance categories are grayed out as your QCDR or Qualified Registry must support quality and improvement activities. **QCDRs and Qualified Registries that submit data are REQUIRED to support the quality, Promoting Interoperability and improvement activities performance categories. A third party intermediary could be exempted from Promoting Interoperability if ALL its MIPS eligible clinicians, groups, virtual groups, and/or subgroups, fall under the reweighting policies. For more information, please see the MIPS Promoting Interoperability Requirements.**
- Indicate which reporting options and participation options you'll support for your MIPS eligible clinicians to participate as individual clinicians, groups, virtual groups, subgroups or APM Entities including Shared Savings Program ACOs, inclusive of voluntary, opt-in, and/or MVP participants. QCDRs and Qualified Registries must support MVPs that are relevant to the specialties supported. An intermediary may be excepted from supporting MVPs if none of the approved MVPs for the given MIPS performance period are relevant to the specialties supported. QCDRs and Qualified Registries may also support the APM Performance Pathway (APP).

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**Change #14:**

**Location:** Page 38-41

**Reason for Change:**

Updates to align with PIMMS Style Guide

**CY 2024 Final Rule text:**

**Attestations**

1. Click the **Attestations** tab.
2. Review the 'Participation' statement and enter your name to attest that your QCDR or Qualified Registry meets the participation requirements. In addition, please review and answer the self-nomination attestation questions and indicate if your QCDR or Qualified Registry is able to meet these program requirements. To be considered, a QCDR or Qualified Registry must attest 'Yes' to all the self-nomination attestations.

These attestations include the acceptance of data exports directly from an Electronic Health Record (EHR) or other data sources. If you become aware that any submitted information isn't true, accurate, and complete, you'll correct such issues promptly prior to submission or refrain from submitting it.

**CY 2025 Final Rule text:**

**Attestations**

1. Click the **Attestations** tab.
2. Review the 'Participation' statement and enter your name to attest that your QCDR or Qualified Registry meets the participation requirements. In addition, please review and

answer the Self-Nomination attestation questions and indicate if your QCDR or Qualified Registry is able to meet these program requirements. To be considered, a QCDR or Qualified Registry must attest 'Yes' to all the Self-Nomination attestations.

These attestations include the acceptance of data exports directly from an Electronic Health Record (EHR) or other data sources. If you become aware that any submitted information isn't true, accurate, and complete, you'll correct such issues promptly prior to submission or refrain from submitting it.

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#### **Change #15:**

**Location:** Page 42, 43

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

Alignment with current year requirements, and update to align with PIMMS Style Guide.

#### **CY 2024 Final Rule text:**

##### **Improvement Activities**

1. Click the ***Improvements Activities*** tab.
2. You may select 'All' or 'Some'. The list of supported improvement activities will appear if 'Some' is selected. For more information, please see the 2023 Improvement Activities User Guide. Improvement activity availability is subject to change, based upon what's finalized for inclusion and removal in the CY 2024 Medicare Physician Fee Schedule (PFS) Final Rule
3. You may select each improvement activity you'll support from the list of all the improvement activities. A list will display and update after each individual improvement activity is selected. Select 'All', instead of selecting each improvement activity from the drop down, if you will support all the improvement activities.
4. You may remove a selected individual improvement activity by clicking the 'X' next to each selected improvement activity or click 'Clear all' to remove all the selected improvement activities. In addition, you may use the 'Search' function to look-up specific improvement activities.
5. To edit your improvement activities, refer to the 'Modifying a Self-Nomination' section of this user guide.

#### **CY 2025 Final Rule text:**

##### **Improvement Activities**

1. Click the ***Improvements Activities*** tab.
2. You may select 'All' or 'Some'. The list of supported improvement activities will appear if 'Some' is selected. For more information, please see the Improvement Activities Requirements. Improvement activity availability is subject to change, based upon what's finalized for inclusion and removal in the CY 2025 Medicare PFS Final Rule
3. You may select each improvement activity you'll support from the list of all the improvement activities. A list will display and update after each individual improvement activity is selected. Select 'All', instead of selecting each improvement activity from the drop down, if you will support all the improvement activities.
4. You may remove a selected individual improvement activity by clicking the 'X' next to each selected improvement activity or click 'Clear all' to remove all the selected improvement activities. In addition, you may use the 'Search' function to look-up specific improvement activities.
5. To edit your improvement activities, refer to the 'Modifying a Self-Nomination' section of this user guide.

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**Change #16:**

**Location:** Page 44, 45

**Reason for Change:** Alignment with current year requirements, update to align with PIMMS Style Guide.

**CY 2024 Final Rule text:**

**Promoting Interoperability**

1. Click the Promoting Interoperability tab.
2. You may select 'All', 'Some', or 'None'. The list of supported Promoting Interoperability objectives and measures will appear if 'Some' is selected. Promoting Interoperability objectives and measures availability is subject to change, based upon what is finalized for inclusion and removal in the CY 2024 Medicare Physician Fee Schedule (PFS) Final Rule. A third party intermediary could be excepted from Promoting Interoperability if ALL its MIPS eligible clinicians, groups, virtual groups, or subgroups fall under the reweighting policies. If you select 'None', please make sure you uncheck 'Promoting Interoperability' under the Reporting Options section on the Qualified Posting Details tab. A field will display for your intermediary to provide an attestation of the exception criteria. For more information, please see the 2023 MIPS Promoting Interoperability User Guide. You may select each Promoting Interoperability measure you will support from the list of all the Promoting Interoperability objectives and measures. Each individual objective or measure selected will show after each objective or measure is selected. Select 'All', instead of selecting each Promoting Interoperability objective and measure from the drop down if you will support all the Promoting Interoperability objectives and measures.
3. You may remove a selected objective or measure by clicking the 'X' next to each selected objective or measure or click 'Clear all' to remove all the selected objectives or measures. In addition, you may use the 'Search' function to look up specific objectives or measures.
4. To edit your objectives or measures, refer to the 'Modifying a Self-Nomination' section of this user guide.

**CY 2025 Final Rule text:**

**Promoting Interoperability**

1. Click the ***Promoting Interoperability*** tab.
2. You may select 'All', 'Some', or 'None'. The list of supported Promoting Interoperability objectives and measures will appear if 'Some' is selected. Promoting Interoperability objectives and measures availability is subject to change, based upon what is finalized for inclusion and removal in the CY 2025 Medicare PFS Final Rule. A third party intermediary could be excepted from Promoting Interoperability if ALL its MIPS eligible clinicians, groups, virtual groups, or subgroups fall under the reweighting policies. If you select 'None', please make sure you uncheck 'Promoting Interoperability' under the Reporting Options section on the Qualified Posting Details tab. A field will display for your intermediary to provide an attestation of the exception criteria. For more information, please see the MIPS Promoting Interoperability Requirements. You may select each Promoting Interoperability measure you will support from the list of all the Promoting Interoperability objectives and measures. Each individual objective or measure selected will show after each objective or measure is selected. Select 'All', instead of selecting each Promoting Interoperability objective and measure from the drop down if you will support all the Promoting Interoperability objectives and measures.



3. You may remove a selected objective or measure by clicking the 'X' next to each selected objective or measure or click 'Clear all' to remove all the selected objectives or measures. In addition, you may use the 'Search' function to look up specific objectives or measures.
4. To edit your objectives or measures, refer to the 'Modifying a Self-Nomination' section of this user guide.

**Change #17:**

**Location:** Page 46, 47

**Reason for Change:** Alignment with current year requirements, update to align with PIMMS Style Guide.

**CY 2024 Final Rule text:**

**MIPS Clinical Quality Measures**

1. Click the ***MIPS Clinical Quality Measures (CQMs)*** tab.
2. You may select 'All', 'Some', or 'None'. The list of individual MIPS CQMs will appear if 'Some' is selected. The MIPS CQM must be used as specified. Measure specification changes aren't permitted. MIPS CQM availability is subject to change, based upon what's finalized for inclusion and removal in the CY 2024 Medicare Physician Fee Schedule (PFS) Final Rule.
3. You may select each MIPS CQM you'll support from the list of all the MIPS CQMs. Each MIPS CQM selected will show after each measure is selected. Select 'All', instead of selecting each MIPS CQM from the drop down if you'll support all the MIPS CQMs.
4. You may remove a selected MIPS CQM by clicking the 'X' next to each selected measure or click 'Clear all' to remove all the selected measures. In addition, you may use the 'Search' function to look up specific measures.
5. To edit your individual MIPS CQMs, refer to the 'Modifying a Self-Nomination' section of this user guide.

**CY 2025 Final Rule text:**

**MIPS Clinical Quality Measures**

1. Click the MIPS Clinical Quality Measures (CQMs) tab.
2. You may select 'All', 'Some', or 'None'. The list of individual MIPS CQMs will appear if 'Some' is selected. The MIPS CQM must be used as specified. Measure specification changes aren't permitted. MIPS CQM availability is subject to change, based upon what's finalized for inclusion and removal in the CY 2025 Medicare PFS Final Rule.
3. You may select each MIPS CQM you'll support from the list of all the MIPS CQMs. Each MIPS CQM selected will show after each measure is selected. Select 'All', instead of selecting each MIPS CQM from the drop down if you'll support all the MIPS CQMs. ACOs participating in the Medicare Shared Savings Program may report the 3 Medicare CQMs, or a combination of eCQMs/MIPS CQMs/Medicare CQMs, to meet the Shared Savings Program quality reporting requirement at § 425.510(b) and the quality performance standard at § 425.512(a)(5). The Medicare CQMs are Quality Measures 001SSP, 134SSP, 236SSP.
4. You may remove a selected MIPS CQM by clicking the 'X' next to each selected measure or click 'Clear all' to remove all the selected measures. In addition, you may use the 'Search' function to look up specific measures.
5. To edit your individual MIPS CQMs, refer to the 'Modifying a Self-Nomination' section of this user guide.

**Change #18:**

**Location:** Page 48, 49

**Reason for Change:** Alignment with current year requirements, update to align with PIMMS Style Guide.

**CY 2024 Final Rule text:**

**MIPS electronic Clinical Quality Measures**

1. Click the MIPS electronic Clinical Quality Measures (eCQMs) tab.
2. You may select 'All', 'Some', or 'None'. The list of individual eCQMs will appear if 'Some' is selected. The eCQM must be used as specified. Measure specification changes aren't permitted. eCQM availability is subject to change, based upon what's finalized for inclusion and removal in the CY 2024 Medicare Physician Fee Schedule (PFS) Final Rule.
3. You may select each eCQM you'll support from the list of all the eCQMs. Each eCQM selected will show after each measure is selected. Select 'All', instead of selecting each eCQM from the drop down if you'll support all the eCQMs.
4. You may remove a selected eCQM by clicking the 'X' next to each selected measure or click 'Clear all' to remove all the selected measures. In addition, you may use the 'Search' function to look up specific measures.
5. To edit your individual eCQMs, refer to the 'Modifying a Self-Nomination section of this user guide.

**CY 2025 Final Rule text:**

**MIPS electronic Quality Measures**

1. Click the ***MIPS electronic Clinical Quality Measures (eCQMs)*** tab.
2. You may select 'All', 'Some', or 'None'. The list of individual eCQMs will appear if 'Some' is selected. The eCQM must be used as specified. Measure specification changes aren't permitted. eCQM availability is subject to change, based upon what's finalized for inclusion and removal in the CY 2025 PFS Final Rule.
3. You may select each eCQM you'll support from the list of all the eCQMs. Each eCQM selected will show after each measure is selected. Select 'All', instead of selecting each eCQM from the drop down if you'll support all the eCQMs.
4. You may remove a selected eCQM by clicking the 'X' next to each selected measure or click 'Clear all' to remove all the selected measures. In addition, you may use the 'Search' function to look up specific measures.
5. To edit your individual eCQMs, refer to the 'Modifying a Self-Nomination section of this user guide.

**Change #19:**

**Location:** Page 50, 51

**Reason for Change:** Alignment with current year requirements, update to align with PIMMS Style Guide.

**CY 2024 Final Rule text:**

**MIPS Value Pathway (MVP)**

1. Click the MIPS Value Pathway (MVP) tab.
2. You may select 'All', 'Some', or 'None'. The list of individual MVPs will appear if 'Some' is selected. The list of MVPs reflects what's finalized in the CY 2023 Medicare Physician Fee Schedule (PFS) Final Rule. MVP availability is subject to change, based upon what's finalized for inclusion and removal in the CY 2024 Medicare Physician Fee Schedule (PFS)

Final Rule. Intermediaries will be given the opportunity to update the specified MVPs after the CY2024 Medicare Physician Fee Schedule (PFS) Final Rule has been published.

3. You may select each MVP you'll support from the list of all currently available MVPs. Each MVP selected will show after 1 is selected. Select 'All', instead of selecting each individual MVP from the drop down if you'll support all the MVPs. Intermediaries are expected to support all MIPS quality measures, improvement activities, Promoting Interoperability objectives and measures within an MVP but not all the collection types or QCDR measures. QCDRs should obtain permission to borrow the QCDR measure(s) from the applicable QCDR measure owner(s).
4. You may remove a selected MVP by clicking the 'X' next to each selected MVP or click 'Clear all' to remove all the selected MVPs. In addition, you may use the 'Search' function to look up specific MVPs.
5. To edit your individual MVPs, refer to the 'Modifying a Self-Nomination' section of this user guide.

### **CY 2025 Final Rule text:**

#### **MIPS Value Pathway (MVP)**

1. Click the MIPS Value Pathway (MVP) tab.
2. You may select 'All', 'Some', or 'None'. The list of individual MVPs will appear if 'Some' is selected. The list of MVPs reflects what's finalized in the CY 2024 Medicare PFS Final Rule. MVP availability is subject to change, based upon what's finalized for inclusion and removal in the CY 2024 Medicare Physician Fee Schedule (PFS) Final Rule. Intermediaries will be given the opportunity to update the specified MVPs after the CY2025 Medicare PFS Final Rule has been published.
3. You may select each MVP and the MIPS quality measures and/or QCDR measures within the selected MVPs you'll support from the list of all currently available MVPs. Each MVP selected will show after 1 is selected. Select 'All', instead of selecting each individual MVP from the drop down if you'll support all the MVPs. Intermediaries are expected to support all MIPS quality measures, improvement activities, Promoting Interoperability objectives and measures within an MVP but not all the collection types or QCDR measures. QCDRs should obtain permission to borrow the QCDR measure(s) from the applicable QCDR measure owner(s). A QCDR and Qualified Registry must support all measures and improvement activities available in the MVP with 2 finalized exceptions:
  - a. If an MVP includes several specialties, then a QCDR or Qualified Registry is only expected to support the measures that are pertinent to the specialty of their clinicians.
  - b. QCDR measures are only required to be reported by the QCDR measure owner. In instances where a QCDR doesn't own the QCDR measures in the MVP, the QCDR may only support the QCDR measures if they have the appropriate permissions.
4. You may remove a selected MVP by clicking the 'X' next to each selected MVP or click 'Clear all' to remove all the selected MVPs. In addition, you may use the 'Search' function to look up specific MVPs.
5. To edit your individual MVPs, refer to the 'Modifying a Self-Nomination' section of this user guide.

#### **Change #20:**

**Location:** Page 51-56

**Reason for Change:** Alignment with current year requirements, update to align with PIMMS Style Guide.

**CY 2024 Final Rule text:  
Data Validation**

On this tab, you'll be asked to specify the methodology your QCDR, or Qualified Registry will use for validating the data being submitted to CMS for traditional MIPS, APP and MVP reporting. All fields are required to be populated. The data validation strategy must be populated into the pre-formulated fields in the Self-Nomination form. CMS will only review the information populated in the pre-formulated fields for purposes of satisfying the data validation strategy. Execution of your data validation strategy must be completed prior to the 2024 data submission period for all performance categories supported, so errors can be corrected prior to data submission for the 2024 MIPS performance period. All data that's eligible to be submitted for purposes of the MIPS program (traditional MIPS, MVP reporting, or APP) should be subject to validation, regardless of whether they're MIPS eligible clinicians, groups, virtual groups, subgroups, or APM Entities, inclusive of voluntary, opt-in, and/or MVP participants. Voluntary, opt-ins, and virtual groups are currently excluded from MVP reporting.

**Populating Data Validation**

1. Describe how your QCDR or Qualified Registry will verify MIPS eligibility for each clinician, group, virtual group, subgroup, or APM Entity, inclusive of voluntary, opt-in, and/or MVP participant (i.e., verify all participation categories meet the eligibility thresholds). A MIPS eligible clinician, group, virtual group, subgroup, or APM Entity, inclusive of voluntary, opt-in, and/or MVP participants' self-attestation, doesn't suffice.
2. Indicate the method your QCDR or Qualified Registry will use to verify the accuracy of TINs and/or National Provider Identifiers (NPIs) intended for submission (i.e., CMS National Plan and Provider Enumeration System (NPPES), CMS claims, and/or tax documentation). Each MIPS eligible clinician, group, virtual group, subgroup, or APM Entity, inclusive of voluntary, opt-in, and/or participants' self-attestation, doesn't suffice.
3. Describe the method your QCDR or Qualified Registry will use to accurately calculate reporting and performance rates (i.e., formulas included in the quality measure specifications).
4. Describe the system your QCDR or Qualified Registry will use to verify that only 2024 versions of MIPS quality measures, QCDR measures, MVPs, improvement activities, and Promoting Interoperability measures are reported for MIPS submission.
5. Describe the process used for completion of the data validation audit of a subset of data prior to the submission to CMS. Periodic examinations may be completed to compare patient record data with submitted data and/or ensure the MIPS measures were accurately reported based on the appropriate measure specifications (that is, accuracy of numerator, denominator, and exclusion criteria). The QCDR/Qualified Registry must provide their sampling methodology that would be used to conduct the audits. The QCDR or Qualified Registry, at a minimum must meet the following sampling methodology to meet participation requirements: Sample 3% of the TIN/NPIs submitted to CMS, with a minimum of 10 TIN/NPIs or a maximum sample of 50 TIN/NPIs. At least 25% of the TIN/NPI's patients (with a minimum sample of 5 patients or a maximum sample of 50 patients) should be reviewed for all measures applicable to the patient. The data validation audit and targeted audit aren't the same audit. See further details in targeted audit section.

6. Describe the process used for completion of a targeted audit if data validation inaccuracies are identified during the data validation audit. A Targeted audit and data validation audit aren't the same type of audit. The targeted audit should include a description of the root cause analysis, how the error was corrected, and the percentage of your total MIPS eligible clinicians, groups, virtual groups, subgroups, or APM Entities, inclusive of voluntary, opt-in, and MVP participants, that were impacted by the data error. The sample used for auditing in the targeted audit mustn't include data used for the data validation audit in which the deficiency or data error was identified (i.e., select an additional 3% sample in addition to the MIPS eligible clinicians, groups, virtual groups, subgroups, or APM Entities, inclusive of voluntary, opt-in, and/or MVP participants, that were impacted by the identified error). The aspect of the audit that's considered 'the detail' is the specific error for which you're auditing.

### **CY 2025 Final Rule text: Data Validation**

On this tab, you'll be asked to specify the methodology your QCDR, or Qualified Registry will use for validating the data being submitted to CMS for traditional MIPS, MVP, and the APP reporting. All fields are required to be populated. The data validation strategy must be populated into the pre-formulated fields in the Self-Nomination form. CMS will only review the information populated in the pre-formulated fields for purposes of satisfying the data validation strategy. Execution of your data validation strategy must be completed prior to the 2025 data submission period for all performance categories supported, so errors can be corrected prior to data submission for the 2025 MIPS performance period. All data that's eligible to be submitted for the MIPS program (traditional MIPS, MVP reporting, or APP) should be subject to validation, regardless of whether they're MIPS eligible clinicians, groups, virtual groups, subgroups, or APM Entities including Shared Savings Program ACOs, inclusive of voluntary, opt-in, and/or MVP participants. Voluntary, opt-ins, and virtual groups are currently excluded from MVP reporting.

### **Populating Data Validation**

1. Describe how your QCDR or Qualified Registry will verify MIPS eligibility for each clinician, group, virtual group, subgroup, or APM Entity including any Shared Savings Program ACO, inclusive of voluntary, opt-in, and/or MVP participant (i.e., verify all participation categories meet the eligibility thresholds). A MIPS eligible clinician, group, virtual group, subgroup, or APM Entity including any Shared Savings Program ACO, inclusive of voluntary, opt-in, and/or MVP participants' self-attestation, doesn't suffice.
2. Indicate the method your QCDR or Qualified Registry will use to verify the accuracy of TINs and/or National Provider Identifiers (NPIs) intended for submission (i.e., CMS National Plan and Provider Enumeration System (NPPES), CMS claims, and/or tax documentation). Each MIPS eligible clinician, group, virtual group, subgroup, or APM Entity including any Shared Savings Program ACO, inclusive of voluntary, opt-in, and/or participants' self-attestation, doesn't suffice.
3. Describe the method your QCDR or Qualified Registry will use to accurately calculate reporting and performance rates (i.e., formulas included in the quality measure specifications).
4. Describe the system your QCDR or Qualified Registry will use to verify that only 2025 versions of MIPS quality measures, QCDR measures, Medicare CQMs for ACOs, MVPs, improvement activities, and Promoting Interoperability measures are reported for MIPS submission.

5. Describe the process used for completion of the data validation audit of a subset of data prior to the submission to CMS. Periodic examinations may be completed to compare patient record data with submitted data and/or ensure the MIPS measures were accurately reported based on the appropriate measure specifications (that is, accuracy of numerator, denominator, and exclusion criteria). The QCDR/Qualified Registry must provide their sampling methodology that would be used to conduct the audits. The QCDR or Qualified Registry, at a minimum must meet the following sampling methodology to meet participation requirements: Sample size of at least 3% of a combination of individual clinicians, groups, virtual groups, subgroups, and APM Entities including Shared Savings Program ACOs, submitted to CMS, except that the sample size must have a minimum of 10 individual clinicians, groups, virtual groups, subgroups, and APM Entities including Shared Savings Program ACOs, and the sample size doesn't need to include more than 50 individual clinicians, groups, virtual groups, subgroups, and APM Entities including Shared Savings Program ACOs. Sample size that includes at least 25% of the patients of each individual clinician, group, virtual group, subgroup, and APM Entity including Shared Savings Program ACOs, in the sample, except that the sample size for each individual clinician, group, virtual group, subgroup, and APM Entity including Shared Savings Program ACOs, must have a minimum of 5 patients and doesn't need to include more than 50 patients. The data validation audit and targeted audit aren't the same audit. See further details in targeted audit section.
6. Describe the process used for completion of a targeted audit if data validation inaccuracies are identified during the data validation audit. A Targeted audit and data validation audit aren't the same type of audit. A targeted audit is only required if the data validation audit reveals deficiencies or inaccurate data from the sample used for the data validation audit in which the deficiency or data error was identified. The targeted audit should include a description of the root cause analysis, how the error was corrected, and the percentage of your total MIPS eligible clinicians, groups, virtual groups, subgroups, or APM Entities including Shared Savings Program ACOs, inclusive of voluntary, opt-in, and MVP participants, that were impacted by the data error. The sample used for auditing in the targeted audit mustn't include data used for the data validation audit in which the deficiency or data error was identified (i.e., select an additional 3% sample in addition to the MIPS eligible clinicians, groups, virtual groups, subgroups, or APM Entities including Shared Savings Program ACOs, inclusive of voluntary, opt-in, and/or MVP participants, that were impacted by the identified error). The aspect of the audit that's considered 'the detail' is the specific error for which you're auditing.

**Change #21:**

**Location:** Page 58, 59

**Reason for Change:** Alignment with current year requirements, updates to align with PIMMS Style Guide.

**CY 2024 Final Rule text:**

**QCDR Measures (QCDR ONLY)**

**This tab is optional and should ONLY be used by QCDRs if they're submitting QCDR measures for CMS consideration.**

QCDR measures are required to be submitted using the QCDR Measures tab. This tab should ONLY be filled out by QCDRs who meet the definition of a QCDR, are self-nominating as a QCDR for 2024, and wish to self-nominate QCDR measures for CMS consideration.

Each QCDR may self-nominate a maximum of 30 QCDR measures for CMS consideration.

QCDR measures may be approved for 2 years, at CMS discretion, by attaining approval status and meeting QCDR measure considerations and requirements. Upon annual review, CMS may revoke the QCDR measure's second year approval, if the QCDR measure is found to be:

- Topped out.
- Duplicative of a more robust measure.
- Reflects outdated clinical guideline.
- The QCDR measure steward is no longer in good standing or participating as a QCDR

Existing QCDRs (in good standing) will be provided a pre-populated QCDR Measures tab which includes their 2023 MIPS performance period approved QCDR measure specifications. The pre-populated QCDR measures (for existing QCDRs in good standing only) will be added to each existing QCDR's respective 2024 Simplified Self-Nomination form in the QPP website. Please note, pre-populated QCDR measures will need to be updated to include information for the 'new' required fields.

In addition, any updates to previously approved QCDR measure specifications from the 2023 MIPS performance period will need to be included in the QCDR measure submission for CMS consideration. Furthermore, QCDRs in good standing may also submit new QCDR measures for CMS consideration for the 2024 MIPS performance period.

In instances where a QCDR believes a low-reported QCDR measure that didn't meet benchmarking thresholds is still important and relevant to a specialist's practice, the QCDR may develop and submit a QCDR measure participation plan for CMS consideration. This QCDR measure participation plan must include the QCDR's detailed plans and changes that will encourage MIPS eligible clinicians, groups, virtual groups, subgroups, or APM Entities, inclusive of voluntary and opt-in participants, to submit data on the low-reported QCDR measure for purposes of the MIPS program.

As examples, a QCDR measure participation plan could include 1 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.

**CY 2025 Final Rule text:  
QCDR Measures (QCDR ONLY)**

**This tab is optional and should ONLY be used by QCDRs if they're submitting QCDR measures for CMS consideration.**

QCDR measures are required to be submitted using the QCDR Measures tab. This tab should ONLY be filled out by QCDRs who meet the definition of a QCDR, are self-nominating as a QCDR for 2025, and wish to self-nominate QCDR measures for CMS consideration.

Each QCDR may self-nominate a maximum of 30 QCDR measures for CMS consideration.

Existing QCDRs (in good standing) will be provided a pre-populated QCDR Measures tab which includes their 2024 MIPS performance period approved QCDR measure specifications. The pre-

populated QCDR measures (for existing QCDRs in good standing only) will be added to each existing QCDR's respective 2025 Simplified Self-Nomination form in the QPP website. Please note, pre-populated QCDR measures will need to be updated to include information for the 'new' required fields.

In addition, any updates to previously approved QCDR measure specifications from the 2024 MIPS performance period will need to be included in the QCDR measure submission for CMS consideration. Furthermore, QCDRs in good standing may also submit new QCDR measures for CMS consideration for the 2025 MIPS performance period.

In instances where a QCDR believes a low-reported QCDR measure that didn't meet benchmarking thresholds is still important and relevant to a specialist's practice, the QCDR may develop and submit a QCDR measure participation plan for CMS consideration. This QCDR measure participation plan must include the QCDR's detailed plans and changes that will encourage MIPS eligible clinicians and groups to submit data on the low-reported QCDR measure for purposes of the MIPS program.

As examples, a QCDR measure participation plan could include 1 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 #22:**

**Location:** Page 59-67

**Reason for Change:** Updates to align with PIMMS Style Guide.

#### **CY 2024 Final Rule text:**

#### **Populating QCDR Measures**

**All fields denoted with an asterisk (\*) are required. The QCDR Measures tab has built in validation to ensure that all required fields are completed. Please ensure that all fields are checked for grammar and typographical errors. A complete list of fields with instructions can be found at the end of this section.**

Select the ***QCDR Measures*** tab to begin the QCDR measure submission process:

#### **Pre-populated Existing QCDR Measures**

The QCDR measures are pre-populated in the 'DRAFTS' section under the QCDR Measures tab as part of the Simplified Self-Nomination form process for QCDRs in good standing from the previous MIPS performance period.

To view your pre-populated existing QCDR measures:

1. Click 'DRAFTS'.
2. Click the down arrow in the 'DRAFTS' box, then click the 'Edit Details' button of the QCDR measure to be completed.
3. Complete all required fields. Required fields will vary depending on the QCDR measure owner status, measure adoption, and new versus existing QCDR measure status.



4. When all required fields are completed and ready for CMS submission, click the 'Submit to CMS' button located at the bottom of your screen. If the button is greyed out, please review and complete the missing required fields.

### **Self-Nominate QCDR Measures**

These QCDR measures can be new or existing QCDR measures that the QCDR would like to submit for CMS consideration. This would include existing QCDR measures that didn't meet the criteria to be in the pre-populated form (i.e., a QCDR measure borrowed from another QCDR or a QCDR measure that wasn't approved for the prior year but had previously been in the program).

To submit a QCDR measure for CMS consideration:

1. Click on '+ Add QCDR Measure'
2. Indicate the measure owner status. Select 'Yes', 'No', or 'Co-owned by two or more QCDRs' for this field.
  - a. By selecting 'Yes', you're attesting that you own or co-own the QCDR measure.
  - b. By selecting 'No', you're attesting that you don't own or co-own the QCDR measure and currently have written permission from the QCDR measure owner to use the QCDR measure. The QCDR who owns the QCDR measure must be an active and approved QCDR for the given self-nomination period. CMS/the MIPS QCDR/Registry Support Team (PIMMS Team) will confirm that the appropriate permission has been given by the QCDR measure owner as part of the QCDR measure review process.
    - i. During the measure specification process the QCDR measure owner will verify that all QCDRs attesting to borrowing their QCDR measure do in fact have permission.
    - ii. Each QCDR measure owner will be provided with names of other QCDRs that have attested to borrowing their QCDR measure.
  - c. By selecting 'Co-owned by two or more QCDRs', you're attesting that you're a co-owner of the QCDR measure.
  - d. "Are you the primary steward?" field:
    - i. This field needs to be answered 'Yes' by the co-owner taking primary responsibility for the QCDR measure. The purpose of assigning a primary steward is to aid in determining appropriate measure specifications if there's conflicting information between QCDR measure owners.

### **Owned QCDR Measures**

1. "Do you own this measure?" field:
  - a. Select 'Yes' and click continue.
2. Complete all required fields. Required fields will vary depending on the QCDR measure owner status.
3. When all required fields are completed and ready for CMS submission, click on the 'Submit to CMS' button located at the bottom of your screen. If the button is greyed out, please review and complete the missing required fields.

### **Co-Owned by two or more QCDRs**

1. "Do you own this measure?" field:
  - a. Select 'Co-owned by two or more QCDRs'.
2. "Has this measure been previously approved by CMS?" field:
  - a. Select 'Yes' or 'No' and then the 'Continue' button located at the bottom of your screen.
3. If 'No' was selected:

- a. Populate the required fields that are present.
4. If 'Yes' was selected:
  - a. Type in the 'Assigned Measure ID'. Any QCDR measure that was approved for the previous MIPS performance period can be entered.
  - b. Click on 'Find Measure'. If the correct QCDR measure information appears, select the 'Continue' button located at the bottom of your screen.
5. Complete all required fields. Required fields will vary depending on the QCDR measure owner status.
6. When all required fields are completed and ready for CMS submission, click the 'Submit to CMS' button located at the bottom of your screen. If the button is greyed out, please review and complete the missing required fields.

### **Borrowed QCDR Measures**

The QCDR who owns the QCDR measure must be an active and approved QCDR for the given self-nomination period. CMS/the MIPS QCDR/Registry Support Team (PIMMS Team) will confirm that the appropriate permission has been given by the QCDR measure owner as part of the QCDR measure review process.

1. "Do you own this measure?" field:
  - a. Select 'No'.
2. "Has this measure been previously approved by CMS?" field:
  - a. Select 'Yes' or 'No' and the 'Continue' button located at the bottom of your screen.
  - b. If 'No' is selected:
    - i. Populate the required fields.
      1. When uploading the written permission documentation from the QCDR measure owner to use the QCDR measure, please include the date of the upload in the file name.
        - a. Note: The required fields are limited to fields that a borrowing QCDR needs to complete, and these fields differ from the QCDR measure owner fields. The remaining QCDR measure specifications will be collected from the QCDR measure owner.
      2. When all required fields are completed and ready for CMS submission, click the 'Submit to CMS' button located at the bottom of your screen. If the button is greyed out, please review the submission for missing required fields.
  - c. If 'Yes' is selected:
    - i. Type in the 'Assigned Measure ID' for the given QCDR measure. Any QCDR measure that was approved for the prior MIPS performance period can be entered.
    - ii. Click 'Find Measure'. If the correct QCDR measure information appears, select 'Continue' located at the bottom of your screen.
      1. If an incorrect Assigned Measure ID is entered, you won't be able to continue until an existing Measure ID is entered (don't use spaces, see example below). Please ensure the QCDR measure you're attempting to locate was approved for the previous MIPS performance period.
    - iii. Populate the required fields.
      1. Note: The required fields are limited to fields that a borrowing QCDR needs to complete, and these fields differ from the QCDR measure owner fields. The remaining QCDR measure specifications will be collected from the QCDR measure owner.
      2. When all required fields are completed and ready for CMS submission, click the 'Submit to CMS' button located at the bottom of your screen. If

the button is greyed out, please review the submission for missing required fields.

### **Submitting QCDR Measures for CMS Consideration**

Please ensure that all QCDR measures are in the 'Submitted to CMS' status before the close of the self-nomination period (8 p.m. ET on September 1). QCDR measures that are in a 'Draft' or 'Non-active' status won't go through the CMS consideration process for use by the self-nominating QCDR. Please ensure that any QCDR measures in 'Draft' status are moved into 'Non-active' or 'Submitted' or the self-nomination form can't be submitted for CMS consideration.

### **CY 2025 Final Rule text: Populating QCDR Measures**

**All fields denoted with an asterisk (\*) are required. The QCDR Measures tab has built in validation to ensure that all required fields are completed. Please ensure that all fields are checked for grammar and typographical errors. A complete list of fields with instructions can be found at the end of this section.**

Select the **QCDR Measures** tab to begin the QCDR measure submission process:

#### **Pre-populated Existing QCDR Measures**

The QCDR measures are pre-populated in the 'DRAFTS' section under the QCDR Measures tab as part of the Simplified Self-Nomination form process for QCDRs in good standing from the previous MIPS performance period.

To view your pre-populated existing QCDR measures:

1. Click 'DRAFTS'.
2. Click the down arrow in the 'DRAFTS' box, then click the 'Edit Details' button of the QCDR measure to be completed.
3. Complete all required fields. Required fields will vary depending on the QCDR measure owner status, measure adoption, and new versus existing QCDR measure status.
4. When all required fields are completed and ready for CMS submission, click the 'Submit to CMS' button located at the bottom of your screen. If the button is greyed out, please review and complete the missing required fields.

#### **Self-Nominate QCDR Measures**

These QCDR measures can be new or existing QCDR measures that the QCDR would like to submit for CMS consideration. This would include existing QCDR measures that didn't meet the criteria to be in the pre-populated form (i.e., a QCDR measure borrowed from another QCDR or a QCDR measure that wasn't approved for the prior year but had previously been in the program).

To submit a QCDR measure for CMS consideration:

1. Click on '+ Add QCDR Measure'
2. Indicate the measure owner status. Select 'Yes', 'No', or 'Co-owned by two or more QCDRs' for this field.
  - a. By selecting 'Yes', you're attesting that you own or co-own the QCDR measure.
  - b. By selecting 'No', you're attesting that you don't own or co-own the QCDR measure and currently have written permission from the QCDR measure owner to use the QCDR measure. The QCDR who owns the QCDR measure must be an active and approved

QCDR for the given Self-Nomination period. CMS/the MIPS QCDR/Registry Support Team (PIMMS Team) will confirm that the appropriate permission has been given by the QCDR measure owner as part of the QCDR measure review process.

- i. During the measure specification process the QCDR measure owner will verify that all QCDRs attesting to borrowing their QCDR measure do in fact have permission.
  - ii. Each QCDR measure owner will be provided with names of other QCDRs that have attested to borrowing their QCDR measure.
- c. By selecting 'Co-owned by two or more QCDRs', you're attesting that you're a co-owner of the QCDR measure.
- d. "Are you the primary steward?" field:
- i. This field needs to be answered 'Yes' by the co-owner taking primary responsibility for the QCDR measure. The purpose of assigning a primary steward is to aid in determining appropriate measure specifications if there's conflicting information between QCDR measure owners.

### **Owned QCDR Measures**

1. "Do you own this measure?" field:
  - a. Select 'Yes' and click continue.
2. Complete all required fields. Required fields will vary depending on the QCDR measure owner status.
3. When all required fields are completed and ready for CMS submission, click on the 'Submit to CMS' button located at the bottom of your screen. If the button is greyed out, please review and complete the missing required fields.

### **Co-Owned by two or more QCDRs**

1. "Do you own this measure?" field:
  - a. Select 'Co-owned by two or more QCDRs'.
2. "Has this measure been previously approved by CMS?" field:
  - a. Select 'Yes' or 'No' and then the 'Continue' button located at the bottom of your screen.
3. If 'No' was selected:
  - a. Populate the required fields that are present.
4. If 'Yes' was selected:
  - a. Type in the 'Assigned Measure ID'. Any QCDR measure that was approved for the previous MIPS performance period can be entered.
  - b. Click on 'Find Measure'. If the correct QCDR measure information appears, select the 'Continue' button located at the bottom of your screen.
5. Complete all required fields. Required fields will vary depending on the QCDR measure owner status.
6. When all required fields are completed and ready for CMS submission, click the 'Submit to CMS' button located at the bottom of your screen. If the button is greyed out, please review and complete the missing required fields.

### **Borrowed QCDR Measures**

The QCDR who owns the QCDR measure must be an active and approved QCDR for the given Self-Nomination period. CMS/the MIPS QCDR/Registry Support Team (PIMMS Team) will confirm that the appropriate permission has been given by the QCDR measure owner as part of the QCDR measure review process.

1. "Do you own this measure?" field:
  - a. Select 'No'.

2. “Has this measure been previously approved by CMS?” field:
  - a. Select ‘Yes’ or ‘No’ and the ‘Continue’ button located at the bottom of your screen.
  - b. If ‘No’ is selected:
    - i. Populate the required fields.
      1. When uploading the written permission documentation from the QCDR measure owner to use the QCDR measure, please include the date of the upload in the file name.
        - a. Note: The required fields are limited to fields that a borrowing QCDR needs to complete, and these fields differ from the QCDR measure owner fields. The remaining QCDR measure specifications will be collected from the QCDR measure owner.
      2. When all required fields are completed and ready for CMS submission, click the ‘Submit to CMS’ button located at the bottom of your screen. If the button is greyed out, please review the submission for missing required fields.
    - ii. If ‘Yes’ is selected:
      - i. Type in the ‘Assigned Measure ID’ for the given QCDR measure. Any QCDR measure that was approved for the prior MIPS performance period can be entered.
      - ii. Click ‘Find Measure’. If the correct QCDR measure information appears, select ‘Continue’ located at the bottom of your screen.
        1. If an incorrect Assigned Measure ID is entered, you won’t be able to continue until an existing Measure ID is entered (don’t use spaces, see example below). Please ensure the QCDR measure you’re attempting to locate was approved for the previous MIPS performance period.
      - iii. Populate the required fields.
        1. Note: The required fields are limited to fields that a borrowing QCDR needs to complete, and these fields differ from the QCDR measure owner fields. The remaining QCDR measure specifications will be collected from the QCDR measure owner.
        2. When all required fields are completed and ready for CMS submission, click the ‘Submit to CMS’ button located at the bottom of your screen. If the button is greyed out, please review the submission for missing required fields.

### **Submitting QCDR Measures for CMS Consideration**

Please ensure that all QCDR measures are in the ‘Submitted to CMS’ status before the close of the Self-Nomination period (8 p.m. ET on September 3). QCDR measures that are in a ‘Draft’ or ‘Non-active’ status won’t go through the CMS consideration process for use by the self-nominating QCDR. Please ensure that any QCDR measures in ‘Draft’ status are moved into ‘Non-active’ or ‘Submitted’ or the Self-Nomination form can’t be submitted for CMS consideration.

### **Change #23:**

**Location:** Page 67-88

**Reason for Change:** Alignment with current year requirements, updates to align with PIMMS Style Guide.

### **CY 2024 Final Rule text:**

### **Measure Specification Fields**

The following section provides detailed information on each QCDR measure specification field. Please note that required fields will vary depending on the QCDR measure owner status, measure adoption, and new versus existing QCDR measure's status.

### Measure Info Section:

- **Measure Title\*** – Provide the measure title, which should begin with a clinical condition of focus, followed by a brief description of action. **Example:** Preventive Care and Screening: Screening for Depression and Follow-Up Plan.
- **Measure Description\*** – Describe the measure in full detail. **Example:** Percentage of patients aged 12 years and older screened for depression on the date of the encounter using an age-appropriate standardized depression screening tool and if positive, a follow-up plan is documented on the date of the positive screen.
- **Denominator\*** – Describe the eligible patient population to be counted to meet the measures' inclusion requirements. **Example:** All patients aged 12 years and older at the beginning of the measurement period with at least one eligible encounter during the measurement period.
- **Numerator\*** – Provide the clinical action that meets the requirements of the measure. **Example:** Patients screened for depression on the date of the encounter using an age-appropriate standardized tool and, if positive, a follow-up plan is documented on the date of the positive screen.
- **Denominator Exclusions\*** – Provide a denominator exclusion that would remove the patient, procedure, or unit of measurement from the denominator. Enter "N/A" if not applicable. **Example:** Women who had a bilateral mastectomy or who have a history of a bilateral mastectomy or for whom there is evidence of a right and a left unilateral mastectomy.
- **Denominator Exceptions\*** – Provide the denominator exception that would allow for the exercise of clinical judgement. Applied after the numerator calculation and only if the numerator conditions are not met. Enter "N/A" if not applicable. **Examples:** Medical Reason(s): Patient is in an urgent or emergent situation where time is of the essence and to delay treatment would jeopardize the patient's health status. Situations where the patient's functional capacity or motivation to improve may impact the accuracy of results of standardized depression assessment tools. **Example:** Certain court appointed cases or cases of delirium.
- **Numerator Exclusions\*** – Provide a numerator exclusion that would remove the patient, procedure, or unit of measurement from the numerator, used only in ratio measures. Applied before the numerator calculation. Enter "N/A" if not applicable. **Example:** If the number of central line blood stream infections per 1,000 catheter days were to exclude infections with a specific bacterium, that bacterium would be listed as a numerator exclusion.
- **Primary Data Source Used for Abstraction\*** – Select all applicable primary data sources used for the QCDR 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, Inpatient Rehabilitation Facility – Patient Assessment Instrument (IRF-PAI), Long-term Care Hospital (LTCH) CARE data set, National Healthcare Safety Network (NHSN), Outcomes and Assessment Information Set (OASIS-C1), paper medical record, Prescription Drug Event Data Elements, Patient-Reported Outcomes Measurement

Information System (PROMIS), record review, Registry (enter which Registry), Survey, and/or Other (describe source).

- If applicable, please enter additional information regarding the data source used – Provide additional information when “EHR”, “Registry” and/or “Other” is selected in the text box that appears as needed. You may list additional data sources used in addition to the primary data source. **Example:** ABC Registry.
- **National Quality Forum (NQF) ID (Identifier) Number (if applicable)** –
  - Provide the assigned NQF ID number, if the submitted QCDR measure fully aligns with the NQF endorsed version of the measure. If no NQF ID number, enter “0000”. **Examples:** 0418, 0000.
- **Measure Type\*** – Select which 1 measure type applies to the QCDR measure from the drop-down list.
- **National Quality Strategy (NQS) Domain\*** – Select which 1 NQS domain applies to the QCDR measure from the drop-down list.
- **Care Setting\*** – Select all applicable care settings that are included within the QCDR measure. If “Other” is selected, a text box will appear for free text to be entered.
- **Includes Telehealth?\*** – Please answer “Yes” or “No” if the QCDR measure’s denominator includes services that are able to be provided via telehealth. (Please review the quality action to ensure that it is appropriate via telehealth).
- **Which Meaningful Measure Area applies to this measure?\*** – Select 1 meaningful measure area that best applies to the measure from the drop-down list.
- **Meaningful Measure Area Rationale\*** – Provide a rationale for the selected “Meaningful Measure Area” for the QCDR measure. **Example:** This measure identifies patients with depression and an appropriate follow-up treatment plan.

#### **Analytics Section:**

- **Measure Calculation Type\*** – Indicate the calculation type of QCDR measure. If “Continuous Variable” or “Ratio” is chosen, provide a defined range of scores and the topics it describes in the text box that appears. **Example:** 0-250 minutes
  - Inverse Measure – This is a measure where a lower calculated performance rate for this type of measure would indicate better clinical care or control. The “Performance Not Met” numerator option for an inverse measure is the representation of the better clinical quality or control. Submitting that numerator option will produce a performance rate that trends closer to 0%, as quality increases.
  - Proportional Measure – This is a measure where the score is derived by dividing the number of cases that meet a criterion for quality (the numerator) by the number of eligible cases within a given time frame (the denominator). The numerator cases are a subset of the denominator cases. **Example:** Percentage of eligible women with a mammogram performed in the last year.
  - Continuous Variable Measure – This is a measure where a measure score in which each individual value for the measure can fall anywhere along a continuous scale and can be aggregated using a variety of methods such as the calculation of a mean or median. **Example:** Mean time to thrombolytics which aggregates the time in minutes from a case presenting with chest pain to the time of administration of thrombolytics.
    - CMS encourages QCDRs to construct the numerators to be proportional by establishing an expected benchmark based on guidelines or national

performance data. Applying MIPS scoring methodology has proven to be challenging for non-proportional measures because variability in the data points makes decile creation based on a mathematical analysis very unpredictable.

- Ratio Measure – Indicate if the measure is a ratio measure. This is a measure where a score that may have a value of zero or greater that is derived by dividing a count of one type of data by a count of another type of data. The key to the definition of a ratio is that the numerator is not in the denominator. **Example:** The number of patients with central lines who develop infection divided by the number of central line days). Rates closer to 1 represent the expected outcome.
- **Number of performance rates to be calculated and submitted\*** – Indicate the number of performance rates submitted for the measure.
- **Performance Rate Description(s)** – Provide a brief description for each performance rate to be calculated and submitted. This is required for a QCDR measure that has more than 1 performance rate. **Example:** This measure will be calculated with 7 performance rates:
  - Rate 1: Overall Percentage for patients (aged 5-50 years) with well-controlled asthma, without elevated risk of exacerbation
  - Rate 2: Percentage of pediatric patients (aged 5-17 years) with well-controlled asthma, without elevated risk of exacerbation
  - Rate 3: Percentage of adult patients (aged 18-50 years) with well-controlled asthma, without elevated risk of exacerbation
  - Rate 4: Asthma well-controlled (submit the most recent specified asthma control tool result) for patients (ages 5 to 17 years) with Asthma.
  - Rate 5: Asthma well-controlled (submit the most recent specified asthma control tool result) for patients (ages 18 to 50 years) with Asthma.
  - Rate 6: Patient not at elevated risk of exacerbation for patients (ages 5 to 17 years) with Asthma
  - Rate 7: Patient not at elevated risk of exacerbation for patients (ages 18 to 50 years) with Asthma
- **Indicate an Overall Performance Rate\*** – Select from the drop-down list 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 “1<sup>st</sup> Performance Rate”.**
- **Risk-Adjusted Status\*** – Indicate if the measure is risk-adjusted.
  - **If risk-adjusted, indicate which score is risk-adjusted\*** – Indicate the score that is risk-adjusted for the measure. If social determinants of health are built into the risk adjustment model, please specify.
- **Is the QCDR Measure able to be abstracted?\*** – Please attest the measure elements can be abstracted and are feasible. If borrowing the QCDR measure, it is expected that the ability to abstract the data according to the QCDR measure owner’s specifications is confirmed prior to self-nominating the QCDR measure. Withdrawing of the QCDR measure during an active performance period is not acceptable.
- **Disclosure: Does this measure require the use of proprietary software, devices, etc.?\*** – Indicate if the QCDR measure requires use of a proprietary software, device, survey, etc. that a clinician, group, virtual group, or subgroup would have to purchase or pay to utilize.



### Testing Section:

- **Was the QCDR measure tested at the individual clinician level?** – Select “Yes” or “No” to indicate if the QCDR measure was tested at the MIPS eligible clinician level.
- **Validity Testing Summary\*** – Provide validity testing summary, at a minimum, face validity is required by the QCDR measure owner. For face validity, list the total number of voting members in addition to the percentage that voted in favor of the measure’s face validity. If further validity testing was completed, please include the type of validity testing analysis (Correlation, Construct Validity, Gold Standard Comparison, Internal Consistency, Predictive Validity, Structural Validity, etc.), the number included within the testing sample, and any summary/interpretation of your results.
- **Feasibility Testing Summary (optional)** – Provide feasibility testing summary, if available. For a patient reported outcome in performance measurement (PRO-PM) measure, select the data collection format(s). Please include a summary of the extent that the specified data elements are available in electronically defined fields. **Examples of extent:** ALL data elements are in defined fields in administrative claims, ALL data elements are in defined fields in EHRs, ALL data elements are in defined fields in electronic clinical data ([e.g., clinical registry, nursing home minimum data set, or MDS, home health Outcome and Assessment Information Set (OASIS)]), ALL data elements are in defined fields in a combination of electronic sources, SOME data elements are in defined fields in electronic sources, NO data elements are in defined fields in electronic sources, Patient/family-reported information: electronic, Patient/family-reported information: paper.
- **Reliability Testing Summary (optional)** – Provide reliability testing summary, if available. Please include type of reliability testing such as Measure Score Reliability, Data Element Reliability, or please note if not available. Include type of reliability testing analysis (Signal to Noise, Random Split Half Correlation, IRR [Inter-rater reliability], ICC (Intraclass correlation coefficient), Test-Retest, Internal Consistency, or Other), the number included within the testing sample, and any summary/interpretation of your results.

### Supporting Documentation Section:

- **Describe Link to Cost Measure/Improvement Activity\*** – 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.
- **Clinical Recommendation Statement\*** – Provide a concise statement regarding the clinical recommendation for this QCDR measure including the current clinical guideline the measure is derived. Please list the type of evidence that was used to support the measure such as clinical guidelines, USPSTF (U.S. Preventive Services Task Force) guidelines, systematic review, empirical data, or define any other type of evidence. Specify the grade of the guidelines/systematic review, if available. **Example:** Adolescent Recommendation (12-18 years) “The USPSTF recommends screening for MDD in adolescents aged 12 to 18 years. Screening should be implemented with adequate systems in place to ensure accurate diagnosis, effective treatment, and appropriate follow-up (B recommendation)” (Sui, A. and USPSTF, 2016, p. 360).

- **Rationale for the QCDR measure\*** – Provide a concise statement regarding the rationale for the QCDR measure. **Example:** Depression is a serious medical illness associated with higher rates of chronic disease increased health care utilization, and impaired functioning (Pratt, Brody 2014). 2014 U.S. survey data indicate that 2.8 million (11.4%) adolescents aged 12 to 17 had a major depressive episode (MDE) in the past year and that 15.7 million (6.6%) adults aged 18 or older had at least one MDE in the past year, with 10.2 million adults (4.3%) having one MDE with severe impairment in the past year (Center for Behavioral Health Statistics and Quality, 2015).
- **Provide measure performance data (# months data collected, average performance rate, performance range, and number of clinicians or groups)\*** – Please provide the number of months the data was collected, average performance rate, standard deviation, performance range, and the number of eligible clinicians and/or TINs submitting the measure.
- **Can the measure be benchmarked against the previous performance period data?** Enter "Yes" or "No" to indicate if the benchmark from prior years is able to be used for comparison. If this is an existing measure, an answer is required.
- **If applicable, please provide details why the previous benchmark can or cannot be used.** 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.
- **If applicable, provide the study citation to support performance gap for the measure** – Provide the study citation for the measure to support the performance gap. Citations should be the most current available or within 5 years. **Example:** Negative outcomes associated with depression make it crucial to screen to identify and treat depression in its early stages. While Primary Care Providers (PCPs) serve as the first line of defense in the detection of depression, studies show that PCPs fail to recognize up to 50% of depressed patients (Borner, 2010, p. 948).
- **If applicable, provide a Participation Plan if QCDR measure has low adoption by clinicians** – 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.
    - **Example:** A QCDR measure participation plan could include 1 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
- **Please indicate applicable specialty/specialties\*** – Select 1 or more applicable specialties. Multiple specialties can be selected. If "Other" is selected, please enter free text in the "Other Specialties" text box that appears.

- **Preferred measure published clinical category\*** – 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.
- **QCDR Notes** – Provide any additional notes that would assist in the review or clarification of the QCDR measure.
- **If existing measure with changes, please indicate what has changed to the existing measure. (Optional)** – Please provide information on what changes were made to the existing measure(s).

## **CY 2025 Final Rule text: Measure Specification Fields**

The following section provides detailed information on each QCDR measure specification field. Required fields will vary depending on the QCDR measure owner's status, measure adoption, and a QCDR measure's 'new' versus 'existing' status.

### **Measure Info Section:**

- **Measure Title\*** – Provide the measure title, which should begin with a clinical condition of focus, followed by a brief description of action. Example: Preventive Care and Screening: Screening for Depression and Follow-Up Plan.
- **Measure Description\*** – Describe the measure in full detail. Example: Percentage of patients ages 12 and older screened for depression on the date of the encounter using an age-appropriate standardized depression screening tool (and if positive, a follow-up plan is documented on the date of the positive screen).
- **Denominator\*** – Describe the eligible patient population to be counted to meet the measures' inclusion requirements. **Example:** All patients ages 12 and older at the beginning of the measurement period with at least 1 eligible encounter during the measurement period.
- **Numerator\*** – Provide the clinical action that meets the requirements of the measure. Example: Patients screened for depression on the date of the encounter using an age-appropriate standardized tool (and if positive, a follow-up plan is documented on the date of the positive screen).
- **Denominator Exclusions\*** – Provide a denominator exclusion that would remove the patient, procedure, or unit of measurement from the denominator. Enter 'N/A' if not applicable. Example: Women who had a bilateral mastectomy or who have a history of a bilateral mastectomy or for whom there's evidence of a right and a left unilateral mastectomy.
- **Denominator Exceptions\*** – Provide the denominator exception that would allow for the exercise of clinical judgement. Applied after the numerator calculation and only if the numerator conditions aren't met. Enter 'N/A' if not applicable. **Examples:** Medical Reason(s): Patient is in an urgent or emergent situation where time is of the essence and to delay treatment would jeopardize the patient's health status. Situations where the patient's functional capacity or motivation to improve may impact the accuracy of results of standardized depression assessment tools. Example: Certain court-appointed cases or cases of delirium.
- **Numerator Exclusions\*** – Provide a numerator exclusion that would remove the patient, procedure, or unit of measurement from the numerator (used only in ratio measures). Applied before the numerator calculation. Enter 'N/A' if not applicable. **Example:** If the number of central line blood stream infections per 1,000 catheter days were to exclude infections with a specific bacterium, that bacterium would be listed as a numerator exclusion.
- **Primary Data Source Used for Abstraction\*** – Select all applicable primary data sources used for the QCDR measure. This may include, but isn't limited to, administrative claims data,

facility discharge data, chronic condition data warehouse (CCW), claims, CROWNWeb, EHR (enter relevant parts), Hybrid, Inpatient Rehabilitation Facility – Patient Assessment Instrument (IRF-PAI), Long-term Care Hospital (LTCH) CARE data set, National Healthcare Safety Network (NHSN), Outcomes and Assessment Information Set (OASIS-C1), paper medical record, Prescription Drug Event Data Elements, Patient-Reported Outcomes Measurement Information System (PROMIS), record review, Registry (enter which Registry), Survey, and/or Other (describe source).

o If applicable, please enter additional information regarding the data source used – Provide additional information when 'EHR', 'Registry' and/or "Other" is selected in the text box that appears as needed. You may list data sources used in addition to the primary data source. **Example:** ABC Registry.

• **Consensus-Based Entity (CBE) ID (Identifier) Number (if applicable)** –

o Provide the assigned CBE ID number, if the submitted QCDR measure fully aligns with the CBE endorsed version of the measure. If no CBE ID number, enter '0000'.

**Examples:** 0418, 0000.

• **High Priority Measure?\*** – Enter 'Yes' or 'No' to indicate if the measure is a high priority measure.

• **High Priority Type\*** – If 'Yes' is selected for "High Priority Measure?" select the most appropriate high priority measure type from the drop-down list.

• **Measure Type\*** – Select which measure type applies to the QCDR measure from the drop-down list.

• **Care Setting\*** – Select all applicable care settings that are included within the QCDR measure. If "Other" is selected, a text box will appear for free text to be entered.

• **Includes Telehealth?\*** – Please answer 'Yes' or 'No' if the QCDR measure's denominator includes services that are able to be provided via telehealth. (Please review the quality action to ensure it's appropriate via telehealth).

### **Analytics Section:**

• **Measure Calculation Type\*** – Indicate the calculation type of QCDR measure. If "Continuous Variable" or Ratio" is chosen, provide a defined range of scores and the topics it describes in the text box that appears. **Example:** 0-250 minutes

o Inverse Measure – This is a measure where a lower calculated performance rate for this type of measure would indicate better clinical care or control and is represented by the 'Performance Not Met' numerator option. Submitting that numerator option will produce a performance rate that trends closer to 0%, as quality increases.

o Proportional Measure – This is a measure where the score is derived by dividing the number of cases that meet a criterion for quality (the numerator) by the number of eligible cases within a given time frame (the denominator). The numerator cases are a subset of the denominator cases. Example: Percentage of eligible women with a mammogram performed in the last year.

o Continuous Variable Measure – This is a measure where the measure score for each individual value for the measure can fall anywhere along a continuous scale and can be aggregated using a variety of methods, such as the calculation of a mean or median. Example: Mean time to thrombolytics which aggregates the time in minutes from a case presenting with chest pain to the time of administration of thrombolytics.

o CMS encourages QCDRs to construct the numerators to be proportional by establishing an expected benchmark based on guidelines or national performance data. Applying MIPS scoring methodology has proven to be challenging for non-proportional measures because variability in the data points makes decile creation based on a mathematical analysis very unpredictable.

- o Ratio Measure – Indicate if the measure is a ratio measure. This is a measure where a score that may have a value of zero or greater (derived by dividing a count of 1 type of data by a count of another type of data). The key to the definition of a ratio is that the numerator isn't in the denominator. **Example:** The number of patients with central lines who develop infection divided by the number of central line days). Rates closer to 1 represent the expected outcome.
- **Number of performance rates to be calculated and submitted\*** – Indicate the number of performance rates submitted for the measure.
- **Performance Rate Description(s)** – Provide a brief description for each performance rate to be calculated and submitted. This is required for a QCDR measure that has more than 1 performance rate. Example: This measure will be calculated with 7 performance rates:
  - o Rate 1: Overall Percentage for patients (ages 5-50) with well-controlled asthma, without elevated risk of exacerbation
  - o Rate 2: Percentage of pediatric patients (ages 5-17) with well-controlled asthma, without elevated risk of exacerbation
  - o Rate 3: Percentage of adult patients (ages 18-50) with well-controlled asthma, without elevated risk of exacerbation
  - o Rate 4: Asthma well-controlled (submit the most recent specified asthma control tool result) for patients (ages 5-17) with Asthma.
  - o Rate 5: Asthma well-controlled (submit the most recent specified asthma control tool result) for patients (ages 18-50) with Asthma.
  - o Rate 6: Patient not at elevated risk of exacerbation for patients (ages 5-17) with Asthma
  - o Rate 7: Patient not at elevated risk of exacerbation for patients (ages 18-50) with Asthma.
- **Indicate an Overall Performance Rate\*** – Select from the drop-down list which 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 one performance rate is being submitted, enter '1<sup>st</sup> Performance Rate'.**
- **Risk-Adjusted Status\*** – Indicate if the measure is risk-adjusted.
  - o If risk-adjusted, indicate which score is risk-adjusted\* – Indicate the score that's risk-adjusted for the measure. If social determinants of health are built into the risk adjustment model, please specify.
- **Is the QCDR Measure able to be abstracted?\*** – Please attest the measure elements can be abstracted and are feasible. If borrowing the QCDR measure, it's expected that the ability to abstract the data according to the QCDR measure owner's specifications is confirmed prior to self-nominating the QCDR measure. Withdrawing the QCDR measure during an active performance period isn't acceptable.
- **Disclosure: Does this measure require the use of proprietary software, devices, etc.?\*** – Indicate if the QCDR measure requires the use of a proprietary software, device, survey, etc. that a clinician, group, virtual group, or subgroup would have to purchase or pay to use.

#### Testing Section:

- **Was the QCDR measure tested using an appropriate data set?** – Select 'Yes' or 'No' to indicate if the QCDR measure was tested at the MIPS eligible clinician level.
- **Face validity\*** – Face validity testing, at a minimum, is required for all new QCDR measures for the initial MIPS performance period for which it's approved. This is intended to assess whether face validity testing was conducted on the final performance measure and isn't intended to assess whether patient-reported surveys or tools have face validity.

- **Testing Level of Analysis** — Indicate if a vote was conducted among experts and patients/caregivers on whether the final performance measure scores can be used to differentiate good from poor quality of care.

**Sample Size** – Indicate the number of experts and patients/caregivers who voted on face validity (specifically, whether the measure could differentiate good from poor quality care).

- **Results** – If votes were conducted using a scale, sum all responses in agreement with the statement. If more than one question was asked of the experts and patients/caregivers, only provide results from the question relating to the ability of the final performance measure to differentiate good from poor quality of care.
- **Interpretation** – Briefly explain the interpretation of the result, including any disagreement with the face validity of the performance measure.
- **Empirical Validity\*** – Empirical validity testing is required for all existing QCDR measures after their first MIPS performance period for which it's approved. Indicate whether empirical validity testing was conducted for the performance measure score(s) using data collected at the accountable entity level. For more information on empirical validity testing, refer to the Blueprint content on the CMS Measures Management System (MMS) Hub.
- **Type of Analysis/Statistic Name** – Provide the name for the type of analysis or statistic for which empirical validity testing was conducted.
- **Testing Level of Analysis** – Provide the level of analysis at which the empirical validity analysis was conducted.
- **Sample size** – Provide the number of accountable entities sampled to test the final performance measure score(s). Note that this field is intended to capture the number of measured entities and not the number of individual patients or cases included in the sample.
- **Results** – Describe the methods used to assess empirical validity. Describe the comparison groups or constructs used to verify the validity of the measure score(s), including hypothesized relationships (for example, expected to be positively or negatively correlated). Describe your findings for each analysis conducted, including the statistical results and the strongest and weakest results across analyses. If applicable, include the precision of the statistical result(s) (for example, 95% confidence interval) and/or an assessment of statistical significance (for example, p-value).
- **Interpretation** – Briefly describe the interpretation of the result, indicating whether the statistical result affirmed the hypothesized relationship for the analysis conducted.
- **Reliability\*** – Reliability testing is required for all QCDR measures after their first MIPS performance period for which it was approved. Indicate whether reliability testing was conducted for the performance measure score(s) using data collected at the accountable entity level. For more information on reliability testing, refer to the Blueprint content on the CMS MMS Hub.
- **Type of Analysis/Statistic Name** – Provide the name for the type of analysis or statistic for which reliability testing was conducted.
- **Testing Level of Analysis** – Provide the level of analysis at which the reliability testing was conducted.
- **Sample Size** – Provide the number of accountable entities sampled to test the final performance measure score(s). Note that this field is intended to capture the number of measured entities and not the number of individual patients or cases included in the sample.
- **Results** – Describe the statistical result for the analysis used to assess reliability.
- **Interpretation** – Briefly describe the interpretation of the results.
- **Patient/Encounter-Level Data Element\*** – Patient/encounter-level data element testing is required for all QCDR measures after their first MIPS performance period for which it was approved. Indicate whether patient/encounter-level testing of the individual data elements

within the final performance measure was conducted. Prior studies of the same data elements may be submitted. If data elements are tested for validity, then reliability testing of data elements isn't required. For more information on patient/encounter-level data element reliability testing, refer to the Blueprint content on the [CMS MMS Hub](#). For more information on patient/encounter-level data element validity testing, refer to the Blueprint content on the [CMS MMS Hub](#).

- **Type of Analysis/Statistic Name** – Indicate the statistic used to determine that data elements are reliable and/or valid (for example, percent agreement, kappa, positive predictive value). If more than one type of statistic was calculated, list the one that best depicts the reliability and/or validity of the data elements in your measure. Other statistics and results should be included.
- **Testing Level of Analysis** – Provide the level of analysis at which the data element testing was conducted.
- **Sample Size** – Provide the number of patients/encounters sampled.
- **Results** – Describe the statistical result for the analysis used to assess patient/encounter-level data element testing. If providing kappa or a correlation coefficient, results should be between -1 and 1. If providing percent agreement, sensitivity, or positive predictive value, results should be between 0% and 100%.
- **Interpretation** – Briefly describe the interpretation of results. This may include a list of all data elements tested including their frequency and statistical results, as applicable. If any data element has low reliability or validity, describe the anticipated impact and whether it could introduce bias to the measure score(s).
- **Feasibility** – Provide feasibility testing summary, if available. For a patient-reported outcome-based performance measure (PRO-PM), select the data collection format(s). Please include a summary of the extent that the specified data elements are available in electronically defined fields. **Examples of extent:**
  - ALL data elements are in defined fields in administrative claims.
  - ALL data elements are in defined fields in EHRs.
  - ALL data elements are in defined fields in electronic clinical data (e.g., clinical registry, nursing home minimum data set, or MDS, home health Outcome and Assessment Information Set (OASIS)).
  - ALL data elements are in defined fields in a combination of electronic sources.
  - SOME data elements are in defined fields in electronic sources.
  - NO data elements are in defined fields in electronic sources.

Feasibility testing is required for all existing QCDR measures.

#### **Supporting Documentation Section:**

- **Describe Link to Cost Measure/Improvement Activity\*** – Describe the link between the QCDR measure, cost measure, and an improvement activity. Please document “No Link Identified” if there’s no link to a cost measure or an improvement activity. In cases where a QCDR measure doesn’t 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.
- **QCDR Measure Reporting Options\*** – Please indicate if the QCDR measure has been finalized in a CMS-approved MVP for the given MIPS performance period or if it will be used in traditional MIPS.

- **Clinical Recommendation Statement\*** – Provide a concise statement regarding the clinical recommendation for this QCDR measure including the current clinical guideline for which the measure is derived. Please list the type of evidence that was used to support the measure such as clinical guidelines, USPSTF (U.S. Preventive Services Task Force) guidelines, systematic review, empirical data, or define any other type of evidence. Specify the grade of the guidelines/systematic review, if available. **Example:** Adolescent Recommendation (ages 12-18) “The USPSTF recommends screening for major depressive disorder (MDD) in adolescents ages 12 to 18. Screening should be implemented with adequate systems in place to ensure accurate diagnosis, effective treatment, and appropriate follow-up (B recommendation)” (Sui, A. and USPSTF, 2016, p. 360).
- **Rationale for the QCDR measure\*** – Provide a concise statement regarding the rationale for the QCDR measure. **Example:** Depression is a serious medical illness associated with higher rates of chronic disease, increased health care utilization, and impaired functioning (Pratt, Brody 2014). 2014 U.S. survey data indicate that 2.8 million (11.4%) adolescents ages 12 to 17 had a major depressive episode (MDE) in the past year and that 15.7 million (6.6%) adults ages 18 or older had at least 1 MDE in the past year, with 10.2 million adults (4.3%) having one MDE with severe impairment in the past year (Center for Behavioral Health Statistics and Quality, 2015).
- **Provide measure performance data (# months data collected, average performance rate, performance range, and number of clinicians or groups)\*** – Please provide the number of months the data was collected, average performance rate, standard deviation, performance range, and the number of eligible clinicians and/or TINs submitting the measure.
- **Can the measure be benchmarked against the previous performance period data?** Enter ‘Yes’ or ‘No’ to indicate if the benchmark from prior years is able to be used for comparison. If this is an existing measure, an answer is required.
  - If applicable, please provide details outlining why the previous benchmark can or cannot be used. Provide details regarding why the previous benchmark can or can’t 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; therefore, it can’t be compared to the measure from last year.
  - If applicable, provide the study citation to support performance gap for the measure –Citations should be the most current available or within 5 years. Example: Negative outcomes associated with depression make it crucial to screen, identify, and treat depression in its early stages. While Primary Care Providers (PCPs) serve as the first line of defense in the detection of depression, studies show that PCPs fail to recognize up to 50%of depressed patients (Borner, 2010, p. 948).
- **If applicable, provide a Participation Plan if QCDR measure has low adoption by clinicians** – 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 requirements and volume thresholds required for benchmarking), the QCDR may submit a participation plan for CMS consideration if the QCDR believes that the measure is important and relevant to a specialist’s practice.
  - o Participation Plan requirements:
    - Detailed plan and methods to encourage eligible clinicians and groups to increase QCDR measure adoption.
    - **Example:** A QCDR measure participation plan could include 1 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

• **Please indicate applicable specialty/specialties\*** – Select 1 or more applicable specialties. Multiple specialties can be selected. If “Other” is selected, please enter free text in the “Other Specialties” text box that appears.

• **Preferred measure published clinical category\*** – Please provide a preferred clinical or specialty category. If a preferred measure published clinical category isn’t provided, 1 will be assigned to the measure by CMS. Example: Diabetes and Substance Use/Management.

• **QCDR Notes** – Provide any additional notes that would assist in the review or clarification of the QCDR measure.

• **If existing measure with changes, please indicate what has changed to the existing measure. (Optional)** – Please provide information on what changes were made to the existing measure(s).

**Change #24:**

**Location:** Page 89

**Reason for Change:** Alignment with current year requirements, updates to align with PIMMS Style Guide.

**CY 2024 Final Rule text:**

**QCDR Measure Permission Checklist**

If a QCDR has been granted permission to use a QCDR measure owned by another active and approved QCDR, the permission must be obtained prior to self-nominating the borrowed QCDR measure for each MIPS performance period. **It’s 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. Withdrawal of a QCDR measure mid-performance period isn’t acceptable and may lead to remedial action, up to and including termination.** The following is a QCDR measure permission checklist:

- Identify the QCDR measure(s) your QCDR will request for permission to use.
- Contact the QCDR measure owner to request permission to use their QCDR measure(s).
- The QCDR Qualified Posting and QCDR Measure Specifications located on the CMS QPP Resource Library may be used to identify the appropriate point of contact.
- Obtain written permission from the QCDR measure owner to use their QCDR measure(s).
- Upload the documentation at the time of self-nomination for CMS reference. Please use the ‘Documentation of Approval from other QCDR’ section to upload your supporting documentation. o Note: CMS doesn’t provide agreement templates and defers to the QCDRs regarding the appropriate content to include in such an agreement.

**CY 2025 Final Rule text:**

**QCDR Measure Permission Checklist**

If a QCDR has been granted permission to use a QCDR measure owned by another active and approved QCDR, the permission must be obtained prior to self-nominating the borrowed QCDR measure for each MIPS performance period. **It’s expected that the ability to abstract the data according to the QCDR measure owner’s specifications is a condition of self-**

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- Obtain written permission from the QCDR measure owner to use their QCDR measure(s).
- Upload the documentation at the time of Self-Nomination for CMS reference. Please use the 'Documentation of Approval from other QCDR' section to upload your supporting documentation.
  - CMS doesn't provide agreement templates and defers to the QCDRs regarding the appropriate content to include in such an agreement.

**Change #25:**

**Location:** Page 89,90

**Reason for Change:** Updates to align with PIMMS Style Guide.

**CY 2024 Final Rule text:**

**Submission of the Self-Nomination Form**

1. Once the required fields of all tabs are completed, the self-nomination status will update to "Draft Complete". You won't be able to successfully submit a Self-Nomination form unless all the required fields, marked with a red asterisk (\*), of all tabs have been populated.
2. Once the form is filled out in its entirety and all edits are finalized, you'll need to click on the 'Submit For Review' button to save the entire Self-Nomination form and complete the submission process. The 'Submit For Review' button is located at the bottom of the left-side of the page under the Self-Nomination form tabs, as well as on the self-nomination landing page.
3. You'll receive a confirmation email with your self-nomination number. Please save the email for future reference.
4. It's suggested that you print a copy of your approved Self-Nomination form for your records.
5. Add 'Watchers' to monitor the status of your Self-Nomination form. This feature allows intermediaries to create a list of users who should receive an email notification when comments are added.

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5. Add 'Watchers' to monitor the status of your Self-Nomination form. This feature allows intermediaries to create a list of users who should receive an email notification when comments are added.

**Change #26:**

**Location:** Page 91

**Reason for Change:** Alignment with current year requirements, updates to align with PIMMS Style Guide.

**CY 2024 Final Rule text:**

**Modifying a Self-Nomination Form**

To review or modify your Self-Nomination form, click 'EDIT' on the self-nomination landing page. As a reminder, you won't be able to modify your submission after 8 p.m. ET on September 1, 2023.

If you have any questions about the 2023 QPP Self-Nomination form, please contact the QPP Service Center at 1-866-288-8292 or by email at: [QPP@cms.hhs.gov](mailto:QPP@cms.hhs.gov) (Monday through Friday from 8 a.m. to 8 p.m. ET). To receive assistance more quickly, please consider calling during non-peak hours, before 10 a.m. and after 2 p.m. ET. Customers who are hearing impaired can dial 711 to be connected to a TRS Communications Assistant.

**CY 2025 Final Rule text:**

**Modifying a Self-Nomination Form**

To review or modify your Self-Nomination form, click 'EDIT' on the self-nomination landing page. As a reminder, you won't be able to modify your submission after 8 p.m. ET on September 3, 2024.

If you have any questions about the 2024 QPP Self-Nomination form, please contact the QPP Service Center by email at: [QPP@cms.hhs.gov](mailto:QPP@cms.hhs.gov), by creating a [QPP Service Center ticket](#), or by phone at 1-866-288-8292 (Monday through Friday from 8 a.m. to 8 p.m. ET). People who are deaf or hard of hearing can dial 711 to be connected to a Telecommunications Relay Services (TRS) Communications Assistant.

**Change #27:**

**Location:** Page 91,92

**Reason for Change:** Updates to align with PIMMS Style Guide.

**CY 2024 Final Rule text:**

**Withdrawing a Self-Nomination Form**

If you wish to withdraw a Self-Nomination form that has already been submitted, click on the '**Withdraw**' button - withdrawing the entire Self-Nomination form from consideration to participate in MIPS as a QCDR or Qualified Registry. The 'Withdraw' is on the Self-Nomination landing page or within the Self-Nomination form.

**CY 2025 Final Rule text:**  
**Withdrawing a Self-Nomination Form**

If you want to withdraw an entire Self-Nomination form (that has already been submitted) from consideration to participate in MIPS as a QCDR or Qualified Registry, click on the **'Withdraw'** button. The 'Withdraw' button is on the Self-Nomination landing page or within the Self-Nomination form.

**Change #28:**

**Location:** Page 92,93

**Reason for Change:** Updates to align with PIMMS Style Guide.

**CY 2024 Final Rule text:**

**Comments**

Please periodically monitor for comments posted, as there are instances where email notifications are delayed or blocked by your email.

1. Click on 'VIEW/ADD COMMENTS' to view, respond, or add a comment.
2. Click 'ADD COMMENT.'
3. Please make sure to indicate the correct subject in the 'Select Subject' dropdown that coordinates with the topic. For example, if you're submitting/responding to a comment on your Self-Nomination form choose the 'Self-Nomination' category from the 'Select Subject' dropdown.
4. When you're ready to submit your comment, click 'Send.'
5. Once a comment has been submitted, all 'watchers' will receive an email notification.

**CY 2025 Final Rule text:**

**Comments**

**How to View/Add Comment**

Please periodically monitor for comments posted, as there are instances where email notifications are delayed or blocked by your email.

1. Click on 'VIEW/ADD COMMENTS' to view, respond, or add a comment.
2. Click 'ADD COMMENT'.
3. Please make sure to indicate the correct subject in the 'Select Subject' dropdown that coordinates with the topic. For example, if you're submitting/responding to a comment on your Self-Nomination form, choose the 'Self-Nomination' category from the 'Select Subject' dropdown.
4. When you're ready to submit your comment, click 'Send'.
5. Once a comment has been submitted, all 'watchers' will receive an email notification.

**Change #29:**

**Location:** Page 94, 95

**Reason for Change:** Alignment with current year requirements, updates to align with PIMMS Style Guide.

**CY 2024 Final Rule text:**

## Resources

### Help with Self-Nomination

- Refer to the 2024 QCDR Fact Sheet and 2024 Qualified Registry Fact Sheet located in the 2024 Self-Nomination Toolkit for QCDRs and Registries. In addition, lists with the criteria used to audit and validate data submitted in each of the MIPS performance categories will be available on the website.
- For assistance with completing the Self-Nomination form, the comment box may be used to ask questions about populating form fields or submitting additional information. Refer to the 'Comments' section of the user guide for additional information.
- For additional assistance regarding self-nomination criteria, contact the QPP at 1-866-288- 8292 or by email at: [QPP@cms.hhs.gov](mailto:QPP@cms.hhs.gov) (Monday through Friday from 8 a.m. to 8 p.m. ET). Customers who are hearing impaired can dial 711 to be connected to a TRS Communications Assistant. To avoid security violations, don't include personally identifying information (PII) or protected health information (PHI), such as a Social Security Number or TIN, in email inquiries to QPP.

### Help with QCDR Measure Development

- Blueprint content on the CMS Measures Management System (MMS) Hub - Provides a standardized system for developing and maintaining the quality measures used in CMS' various quality initiatives and programs. This provides guidance to measure developers to help them produce high-caliber healthcare quality measures and also documents the core set of business processes and decision criteria when developing, implementing, and maintaining measures.
- Measure Development Plan – This is a focused framework to help CMS build and improve quality measures that MIPS eligible clinicians, groups, virtual groups, APM Entities, voluntary participants, and/or opt-in participants could report under MIPS and as participants in APM Entities (collectively known as QPP).
- QCDR Measure Development Handbook - Provides guidance and suggestions to QCDR measure developers on QCDR measure structure, analytics, and types. It also includes a QCDR measure development checklist, resources for QCDR measure development and definitions used by CMS to communicate QCDR measure review decisions. The QCDR measure development handbook is found in the Self-Nomination form under 'Resources'.

## CY 2025 Final Rule text:

### Resources

### Help with Self-Nomination

- Refer to the 2025 QCDR Fact Sheet (PDF, 3MB) and 2025 Qualified Registry Fact Sheet (PDF, 3.4MB) located in the 2025 Self-Nomination Toolkit for QCDRs and Registries (ZIP, 11MB). In addition, lists with the criteria used to audit and validate data submitted in each of the MIPS performance categories will be available on the website.
- For assistance with completing the Self-Nomination form, the comment box may be used to ask questions about populating form fields or submitting additional information. Refer to the 'Comments' section of the user guide for additional information.

- For additional assistance regarding self-nomination criteria, contact the QPP Service Center by email at: [QPP@cms.hhs.gov](mailto:QPP@cms.hhs.gov), by creating a [QPP Service Center ticket](#), or by phone at 1-866-288-8292 (Monday through Friday from 8 a.m. to 8 p.m. ET). People who are deaf or hard of hearing can dial 711 to be connected to a Telecommunications Relay Services (TRS) Communications Assistant. To avoid security violations, don't include personally identifiable information (PII) or protected health information (PHI), such as a Social Security number or TIN, in email inquiries to QPP.

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