

# 2021 Merit-Based Incentive Payment System (MIPS) Program: Self-Nomination User Guide for Qualified Clinical Data Registries (QCDRs) and Qualified Registries

June 2020



# Quality Payment PROGRAM

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## Introduction

### Purpose

The 2021 Self-Nomination User Guide provides prospective Qualified Clinical Data Registries (QCDRs) and Qualified Registries with guidance on how to self-nominate for the 2021 performance period of the Merit-Based Incentive Payment System (MIPS) program. The intent of the guide is to provide vendors with step-by-step instructions on the data needed to populate, complete, and submit a completed Self-Nomination form for the Centers for Medicare & Medicaid Services (CMS) consideration.

### Background

The Self-Nomination form is available through the CMS Quality Payment Program (QPP) portal (<http://qpp.cms.gov/login>), and should be accessed and completed by vendors seeking to participate in MIPS for the 2021 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 and tabs prior to submitting your Self-Nomination for CMS review):

- *Vendor Contact Info Tab* – Vendors are required to enter their demographic and contact information. All fields marked with an asterisk (\*) are required.
- *Vendor Details Tab* – Vendors are required to enter their participation details. All fields marked with an asterisk (\*) are required.
- *Qualified Posting Details Tab* – Vendors are required to enter their cost information, services included in cost, last date to accept new clients, reporting information/supported, data collection methods, and performance categories. A Qualified Posting is developed for the approved QCDRs/Qualified Registries and include organization type, specialty, previous participation in MIPS (if applicable), program status (remedial action taken against the QCDR/Qualified Registry or terminated as a third part intermediary, if applicable), contact information, last date to accept new clients, virtual groups specialty parameters (if applicable), the approved measures, performance categories supported,



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services offered, and costs incurred by clients. All approved QCDRs/Qualified Registries are included in the Qualified Posting that is posted on the CMS Quality Payment Program (QPP) Resource Library. All fields marked with an asterisk (\*) are required.

- *Attestations Tab* – Vendors are required to attest that they understand and are able to meet the requirements of participation for the 2021 MIPS performance period.
- *Improvement Activities Tab* – Vendors are required to select the Improvement Activities supported for the 2021 MIPS performance period. Third party could be excepted from this requirement if ALL its MIPS eligible clinicians, groups or virtual groups fall under the reweighting policies. For the Promoting Interoperability, if the eligible clinician, group, or virtual group is using CEHRT; however, a third party intermediary may be excepted from this requirement if ALL its MIPS eligible clinicians, groups or virtual groups fall under the reweighting policies. Health IT vendors are required to submit data for at least one category.
- *Promoting Interoperability Tab* – Vendors are required to select the Promoting Interoperability objectives and measures supported for the 2021 MIPS performance period. Third party could be excepted from this requirement if ALL its MIPS eligible clinicians, groups or virtual groups fall under the reweighting policies. For the Promoting Interoperability Performance Category, if the eligible clinician, group, or virtual group is using CEHRT; however, a third party intermediary may be excepted from this requirement if ALL its MIPS eligible clinicians, groups or virtual groups fall under the reweighting policies. Health IT vendors are required to submit data for at least one category.
- *MIPS Clinical Quality Measures Tab* – Vendors are required to select the individual MIPS clinical quality measures (CQMs) supported for the 2021 MIPS performance period. QCDRs and Qualified Registries **must** support at least six quality measures, with at least one outcome measure. If an outcome measure is not available, at least one other high priority measure should be used. Please note some MIPS CQMs are also available as MIPS eCQMs.
- *MIPS eCQM Tab* (optional) – Vendors may specify the Electronic Clinical Quality Measures (eCQMs) supported for the 2021 MIPS performance period. Please note some MIPS eCQMs are also available as MIPS CQMs.
- *Data Validation Plan Tab* – Vendors are required to specify the methodology that they will use to validate the data submitted for the 2021 MIPS performance period. All fields marked with an asterisk (\*) are required.

Please refer to the 2021 QCDR Fact Sheet located in the [QPP Resource Library](#) for additional information on the QCDR participation requirements. The 2021 QCDR Fact Sheet is included in the 2021 Self-Nomination Toolkit.

Please refer to the 2021 Qualified Registry Fact Sheet located in the [QPP Resource Library](#) for additional information on the Qualified Registry participation requirements. The 2021 Qualified Registry Fact Sheet is included in the 2021 Self-Nomination Toolkit.





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The **QCDR** Self-Nomination form contains the following additional tabs (please note, you are required to populate all required fields and tabs prior to submitting your Self-Nomination for CMS review):

- *Benchmarking Capabilities Tab* (optional) – Allows vendors to upload their benchmarking methodology.
- *QCDR Measures Tab* (optional) – Allows QCDRs to upload QCDR measures and/or supplemental QCDR measure documentation for consideration for the 2021 performance period. You **MUST** utilize the 2021 QCDR Measure Submission Template to submit your QCDR measures. The 2021 QCDR Measure Submission Template is included in the 2021 Self-Nomination Toolkit located in the [QPP Resource Library](#).  
**Note:** QCDRs who plan to submit QCDR measures for CMS consideration, must complete this tab utilizing the aforementioned template.

To be considered for the 2021 MIPS performance period, prospective QCDRs and/or Qualified Registries will be required to submit their complete Self-Nomination form (inclusive of: MIPS Quality Measures, QCDR measures (QCDRs only), data validation plan) by **8:00 p.m. Eastern Time (ET) on September 1, 2020**. Vendors who intend on participating in MIPS as a QCDR and Qualified Registry **must complete and submit a Self-Nomination form for each vendor type** for the 2021 MIPS performance period. CMS will only approve the organization for the vendor type identified within the self-nomination form. Applicants will not be able to update or submit their Self-Nomination after the deadline. CMS will not 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 two Qualified Postings for the 2021 MIPS performance period, one for approved QCDRs and another for approved Qualified Registries. MIPS eligible clinicians, groups, and virtual groups may utilize 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 2021 MIPS performance period can be found on the QPP website at <http://www.qpp.cms.gov/>.

## Accessing the QPP Portal

### Sign Up for a QPP Account

If you do not have a user account, you must create a user account.

1. Review the [QPP Access User Guide \(zip\)](#) that contains these files:



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- a. QPP Access at a Glance - Gives an overview of what you need to do to sign in to [qpp.cms.gov](http://qpp.cms.gov) and how you will manage access to organizations you want to access to self-nominate.
  - b. Register for a HCQIS Access Roles and Profile (HARP) Account - Gives step-by-step instructions with screenshots for new users (those who have never signed into [qpp.cms.gov](http://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 portal. 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 portal. 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 portal](http://QPP portal).
  3. Click on **Register**.



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## QPP Account

SIGN IN

REGISTER

### Register for QPP

The Quality Payment Program uses the HCQIS Access Roles and Profile (HARP) system for credential management. [Learn more about the QPP Access User Guide \[zip\]](#)



### What Happens Next?

You will be redirected to HARP to register. 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. [Learn more about the HARP identity proof process](#)

Register with HARP >

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 are self-nominating for a new vendor that is not currently active on the QPP portal, then you are done.



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6. If you are self-nominating for an existing vendor that is active on the QPP portal, then you will need to connect to that organization and request the “Security Official” role.

**Create an Account**  
HCQIS Access Roles and Profile

1 Profile Information 2 Account Information 3 Remote Proofing 4 Confirmation

### Profile Information

Enter your profile information for identity proofing. HARP uses Experian to help verify your identity. Already called Experian? [Enter Reference Number](#)

Want to retry a previously failed registration attempt? [Retry Remote Proofing](#)

All fields marked with an asterisk (\*) are required.

Legal First Name \*

Legal Last Name \*

Middle Initial

Date of Birth \*

Email Address \*

Confirm Email Address \*

Phone Number

Is your address in the United States? \*

Home Address Line 1 \*

Home Address Line 2

City \*

State \*

ZIP Code \*

ZIP Code Extension

Social Security Number \*

Don't want to enter your SSN? [Initiate Manual Proofing](#)

☐ I agree to the [Terms & Conditions](#) \*

**Next →**

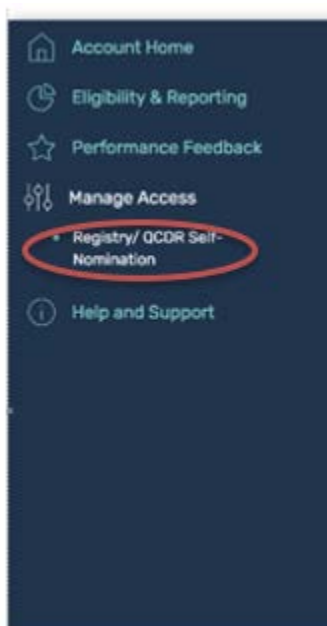
7. Once you have created an account and logged in, you will land on the **Manage Access** page in the QPP portal and will see the “Registry/QCQR Self-Nomination” link to access the Self-Nomination form for QCQRs/Qualified Registries. You will see the organizations that you are connected to listed on the **Manage Access** page. If you are not seeing an existing vendor that is active on the QPP portal that you need to self-nominate, then you





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will need to click on “Connect to an Organization” and connect to that organization and request the “Security Official” role.



8. Log in to the QPP portal.
9. Select “Sign In.”
10. Enter your User ID and Password and click the “Sign In” button.

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## QPP Account

SIGN IN

REGISTER

### Sign in to QPP

USER ID

User ID

PASSWORD

Password

☐ Show password

Forgot your user id or password? [Recover ID or reset password](#)

#### STATEMENT OF TRUTH

In order to sign in, you must agree to this: I certify to the best of my knowledge that all of the information that will be submitted will be true, accurate, and complete. If I become aware that any submitted information is not true, accurate, and complete, I will correct such information promptly. I understand that the knowing omission, misrepresentation, or falsification of any submitted information may be punished by criminal, civil, or administrative penalties, including fines, civil damages, and/or imprisonment.

☐ Yes, I agree.

Sign In >

Don't have an account?

[Register](#)

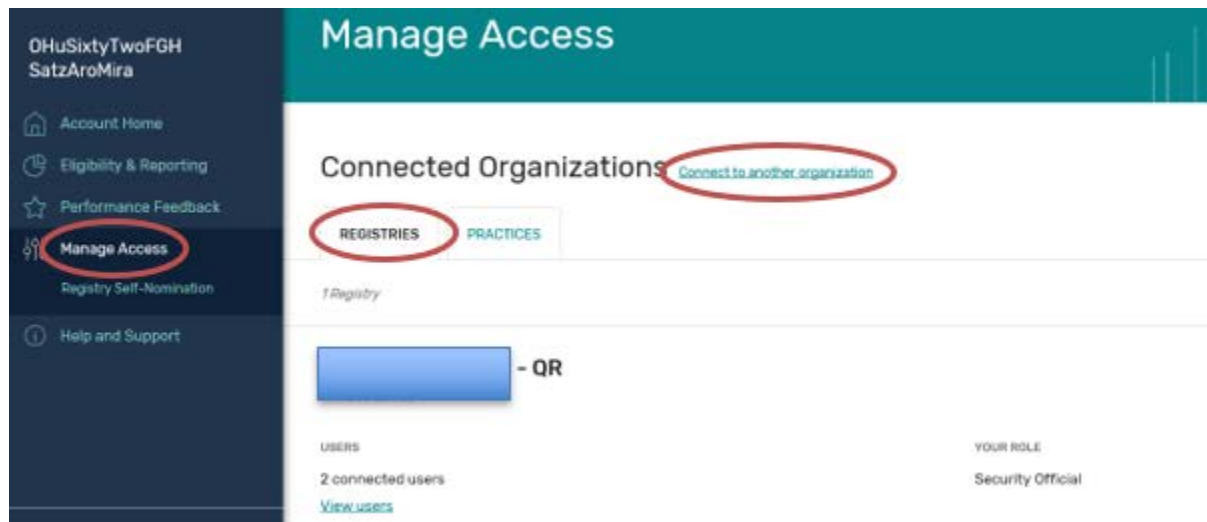
This warning banner provides privacy and security notices consistent with applicable federal laws, directives, and other federal guidance for accessing this Government system, which includes (1) this computer network, (2) all computers connected to this network, and (3) all devices and storage media attached to this network or to a computer on this network.

**Note:** You must have the “Security Official” role assigned to complete and submit the Self-Nomination form for your organization(s). If you do not have the “Security Official” role, please submit a request to your organization’s “Security Official” via the QPP portal. If you are the “Security Official” for your organization, you may add this role to the appropriate staff via the QPP portal. Users can request access as a “Security Official” on the **Manage Access** page by clicking the “Connect to another Organization” link. You will be able to identify the QCDRs/Qualified Registries where the “Security Official” role has been approved as they are listed on the **Manage Access** page. The list of organizations that you can self-nominate will



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match the list of organizations displayed on the **Manage Access** page under the Registry tab. If you know the organization that you need to self-nominate is active on the QPP portal and it is missing from this list, then you need to follow the steps above to “Connect to an Organization” in the “Security Official” role.



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

### Create a Self-Nomination

1. Click “Registry/QCDR Self-Nomination” under **Manage Access**.
2. Click “ADD NEW VENDOR.”

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2021 SELF-NOMINATION

## Progress Summary

There are 44 days left

**Jul 01, 2020**  
2021 Self-Nomination Period Opens

**Sep 01, 2020**  
2021 Self-Nomination Period Closes

**Dec 05, 2020**  
2020 MIPS Performance Period Data Submission Period Opens AND 2020 Approved Vendor List Published

**Current Activity Period: 2021 Self-Nomination**  
Self-Nomination for 2021 is currently under way. Please submit your nomination for review by **September 1, 2020 6 PM EST**. There are **44 days** left.

YOUR VENDORS (0) | [VENDOR NOT LISTED?](#) [VIEW WORKFLOW](#)

**ADD NEW VENDOR**

3. Enter your vendor name (to be displayed on Qualified Posting) and indicate your prospective QCDR's or Qualified Registry's vendor type. Please ensure you have selected the correct vendor 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 vendor type.
4. Click "Save & Continue."

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### Create New Vendor

Vendor Name \*

Enter Vendor Name

Type \*

☐ Qualified Registry (QR)

☐ Qualified Clinical Data Registry (QCDR)

[CANCEL](#) [SAVE](#) [SAVE & CONTINUE](#)

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



## Manage Watchers

 [Start watching](#)

Provide the list of users who should receive email notification when comments are added.

### Vendor Watchers (0)

Add Vendor Watcher

Hit enter/comma after each entry to add multiple

## Tips

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

- QCDRs and Qualified Registries must enter into and maintain a HIPAA compliant Business Associate Agreement with its participating MIPS eligible clinicians, groups or virtual groups that provides for receipt of patient-specific data. The Business Associate Agreement 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 or virtual groups.



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- All prospective QCDRs and Qualified Registries must submit their Self-Nomination form via the [QPP portal](#). No other Self-Nomination form submission methods will be accepted.
- Prepare the information needed to complete the Self-Nomination, measure information and Data Validation Plan in advance of the attempt to self-nominate via the [QPP portal](#). Please note that the system will log you out after 30 minutes of inactivity.
- A third party intermediary's principle place of business and retention of associated CMS data must be within the U.S. **Please Note:** CMS policy prohibits non-U.S. citizens from accessing CMS IT systems.
- The time required to complete this information collection is estimated to average ten hours per Self-Nomination, 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.
- **Do not click "SUBMIT FOR REVIEW" until all the required fields of all tabs have been completed.** You will not be able to successfully create a Self-Nomination unless all the required fields of all tabs have been filled out. Once created, you may go back and edit your submission **until 8:00 p.m. ET on September 1, 2020.**
- Comment functionality is available in the Self-Nomination tool. It may be used for specifying any updates that have been applied to the Self-Nomination and/or informing CMS about any changes to the QCDR measures. Refer to "Modifying a Self-Nomination" section of this User Guide for additional information.
- If you have questions about the 2021 QPP Self-Nomination Form, please contact the Quality Payment Program at [QPP@cms.hhs.gov](mailto:QPP@cms.hhs.gov) or toll free at 1-866-288-8292.

## Creating a Self-Nomination Form (existing QCDRs/Qualified Registries not in good standing)

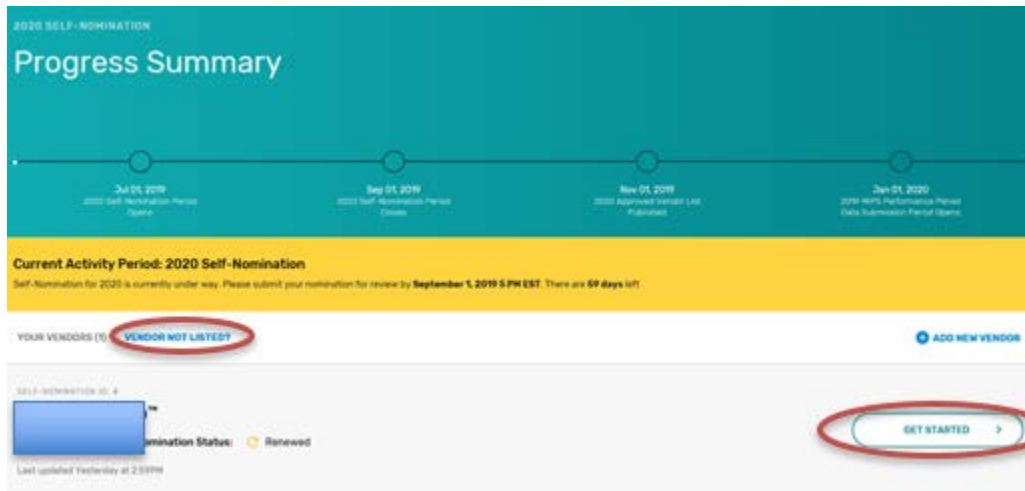
### Find your vendor name in the vendor list on the Vendor Landing page

If you are not seeing a vendor that you know is active on the QPP portal, then please refer to the **Vendor Not Listed** link for instructions on how to connect to that organization via the **Manage Access** page.

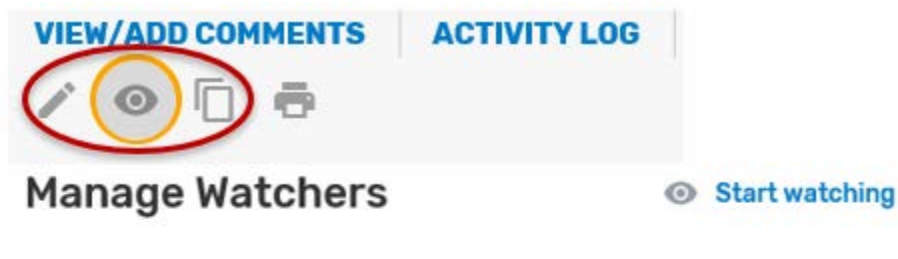
1. Click on "GET STARTED" button.



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



Provide the list of users who should receive email notification when comments are added.

**Vendor Watchers (0)** ?

Add Vendor Watcher

Hit enter/comma after each entry to add multiple

## Populating the 2021 Self-Nomination Form

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

**Please note that the “Populating the 2021 Self-Nomination Form” process should be completed by prospective QCDRs/Qualified Registries or existing QCDRs/Qualified Registries that currently are not in good standing (i.e., have remedial action taken against the vendor). Existing QCDRs/Qualified Registries in good standing may refer to the “Populating the 2021 Simplified Self-Nomination Form” section of the User Guide for information on self-nominating for the 2021 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 cannot find or access the simplified self-nomination form instead of submitting a new self-nomination form.**

All changes in the form are automatically saved when you move to the next field. If you cannot 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. All your changes will be saved.

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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## Vendor Contact Info Tab:

1. Enter the name of your prospective QCDR or Qualified Registry (if different from the vendor name) and your organization's tax identification number (TIN). The QCDR or Qualified Registry name will be used as your QCDR or Qualified Registry name for CMS purposes.



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Please provide if your organization will be participating as both vendor types (i.e., QCDR/Qualified Registry) for the 2021 MIPS performance period. The “Vendor Staff Access” field will ONLY be seen if the Self-Nomination form is for a new vendor. List QPP portal usernames for any additional staff at your organization who need to have access to the Self-Nomination form. To access an existing vendors Self-Nomination form, additional users must be connected to that organization as a “Security Official” role.

## Vendor Contact Info

\* Required

### Organization and Access

Organization Name \* ?

☐

Same as Vendor Name

Enter Legal Business Name

Organization TIN \* ?

XXXXXXXXXX

Self-Nominating as a Qualified Registry and QCDR? \* ?

☐

Yes

☐

No

Vendor Staff Access \* ?

Enter all QPP usernames that apply

At least one username must be listed.

2. Enter the mailing address for your prospective QCDR or Qualified Registry.





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## Vendor Address \*



3. Enter the prospective QCDR's or Qualified Registry's contact information. The "Phone Number" field should be populated as (XXX) XXX-XXXX.

## Phone Number \*

## Website \*

4. Enter information for a program, clinical, and technical contact. **Please note:** You are required to provide three unique points of contact (POCs) for these three fields. Entering only one POC or different email addresses for the same POC (i.e., the same name is entered for program and clinical contact with two different email addresses) is not 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 Contacts" field.



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## Program Contact Info

**Program Contact Name \*** 

First and Last Name

**Program Contact Phone \***

(XXX) XXX-XXXX

Ext. (Optional)

**Program Contact Email \***


example@email.com

Must be unique from other contact emails



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## Clinical Contact Info

**Clinical Contact Name \*** 

First and Last Name

**Clinical Contact Phone \***

(XXX) XXX-XXXX

Ext. (Optional)

**Clinical Contact Email \***

example@email.com

Must be unique from other contact emails



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## Technical Contact Info

**Technical Contact Name \*** ?

First and Last Name

**Technical Contact Phone \***

(XXX) XXX-XXXX

Ext. (Optional)

**Technical Contact Email \***

example@email.com

Must be unique from other contact emails

## Additional Contacts

**Additional Contact Email(s) ?**

Enter email address(es)

Click enter/comma after each entry to add multiple

**Note:** Please provide one program, one clinical, and one technical POCs name, email address, and phone number. The information provided for each POC must be different and representative of at least three unique POCs. Listing the same individual as the program, clinical, and technical POC is not acceptable. 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 Quality Payment Program to their safe/approved senders list.



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## Vendor Details Tab:

1. Click the **Vendor Details** tab.
2. Indicate your prospective QCDR's or Qualified Registry's vendor 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/or PQRS. Select all applicable years your prospective QCDR or Qualified Registry has participated in MIPS and/or PQRS as a QCDR or Qualified Registry.

The screenshot shows the 'Vendor Details' tab selected in the left-hand navigation menu. The main content area is titled 'Vendor Details' and contains the following sections:

- Participation Details**
- Vendor Type \*** (with a help icon): A dropdown menu showing 'Health IT Vendor'.
- Health IT Vendor / Other Description \*** (with a help icon): A text input field containing 'Please specify'.
- MIPS Participation \*** (with a help icon): Two radio buttons, 'New' (unselected) and 'Existing' (selected).
- A dropdown menu below the radio buttons showing 'Select all that apply'.

4. Enter any other aliases or acronyms your prospective QCDR or Qualified Registry currently uses or has used for participation as a QCDR or Qualified Registry in previous program years.



## Alternative Names (Aliases)

Alias \* 

Enter alias name, acronym or abbreviation

This field is required.

☐ Not using an alias

5. Please indicate your prospective QCDR's related clinical specialty (**QCDRs only**).
6. Does the prospective QCDR plan to submit QCDR measures? Please select Yes or No (**QCDRs only**).
7. Does the prospective QCDR plan to risk adjust the Quality Measures data that is integrated with the measure specifications? Please select Yes or No (**QCDRs only**). Upload your Risk Adjustment documentation in the "file uploads" section. **Note:** Do NOT upload the attachment in the comment section.



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## QCDR Details

QCDR Clinical Specialty(ies) \* ?

Diabetes

Do you plan to submit QCDR Measures? \* ?

☐ Yes ☒ No

Do you plan to risk adjust? \* ?

☒ Yes ☐ No

Upload Risk Adjustment file(s) \* ?

Filename must match this format:

Risk Adjustment Plan\_<Your QCDR Name>

Drag & Drop

files to attach or [browse](#)

(.pdf, .jpg, .jpeg, .png, .doc, .docx, .xls, .xlsx, .msg)

8. Describe how your prospective QCDR meets the definition of a QCDR. **Please note that reiterating CMS's definition of a QCDR does not suffice as justification as to how your prospective QCDR meets the definition.** Please describe in **detail** your prospective 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 Note:** the "Evidence of Meeting the Identified Deficiencies to Meet the Definition of a QCDR" only applies to existing QCDRs that received CMS feedback on not meeting the 2021 definition of a QCDR.

Please refer to the 2021 QCDR Self-Nomination Fact Sheet for more detailed information on what is required.

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## Definition of a QCDR

For each of the fields below, please provide as much information as possible. This information will be considered during the self-nomination form review process. Please note, failure to provide substantial evidence may result in the rejection of your self-nomination.

### QCDR Clinical Expertise \* ?

Enter detailed description here

### QCDR Quality Measure Development Experience \* ?

Enter detailed description here

### QCDR Partnerships or Collaborations \* ?

Enter detailed description here



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## QCDR Patient and/or Disease Tracking Capability \* ?

Enter detailed description here

## Method(s) Used to Foster Quality Improvement \* ?

Enter detailed description here

## Evidence of Meeting Identified Deficiencies to Meet the Definition of a QCDR \* ?

Enter detailed description here

## Qualified Posting Details Tab

1. Click the Qualified **Posting Details** tab.
2. Indicate the cost information as well as the type of services your prospective QCDR or Qualified Registry provides. If approved, this information will be included in the prospective



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QCDR's or Qualified Registry's Qualified Posting. Please include frequency (monthly, annual, per submission) and if the cost is per provider/practice. Make sure to provide in detail the differences in cost/services if you are a vendor that is self-nominating as a QCDR and Qualified Registry.

**Posting Details**

**Cost Information**

Cost Information \* ?

Please Specify

**Services Included in Cost \* ?**

Please describe the services offered and their associated cost

SUBMIT FOR REVIEW >

WITHDRAW

3. Indicate the latest date your prospective QCDR or Qualified Registry can accept new clients. Please add the date as MM/DD/YYYY. The performance period starts on January 1, 2021 and ends December 31, 2021.



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Last Date Accepting New Clients \* 

Choose a date



4. Indicate the data collection method(s) your prospective QCDR or Qualified Registry supports, select the performance category(ies) you will be supporting, and which reporting options you will support. If “Other” is selected, please specify the data collection method in the corresponding field. The Quality performance category is grayed out as your prospective QCDR or Qualified Registry must support Quality. **Please Note: QCDRs and Qualified Registries are now REQUIRED to also support the Improvement Activities and Promoting Interoperability performance categories. A third party could be excepted from this requirement if ALL its MIPS eligible clinicians, groups or virtual groups fall under the reweighting policies. For the Promoting Interoperability, if the eligible clinician, group, or virtual group is using CEHRT; however, a third party intermediary may be excepted from this requirement if ALL its MIPS eligible clinicians, groups or virtual groups fall under the reweighting policies. Health IT vendors are required to submit data for at least one category.**



# Quality Payment PROGRAM

## Reporting Information

### Data Collection Method(s) \* ?

- ☐ Claims
- ☐ Electronic Health Records
- ☐ Practice Management Systems
- ☐ Registry
- ☐ Web-based Tool
- ☒ Other

### Description for Other Data Collection Method \* ?

List other data collection method here

### Performance Category(ies) Reported \* ?

- ☒ Improvement Activities
- ☒ Promoting Interoperability
- ☒ Quality

### Reporting Options Supported \* ?

- ☐ Individual MIPS Eligible Clinicians
- ☐ Group
- ☐ APM Entity
- ☒ Virtual Group

### Virtual Group Specialty Parameters \* ?

Provide the Virtual Group specialties you support



# Quality Payment PROGRAM

## Attestations Tab

1. Click the **Attestations** tab.

The screenshot shows a web interface for the Quality Payment Program. On the left is a vertical navigation menu with four items: 'Vendor Contact Info', 'Vendor Details', 'Qualified Posting Details', and 'Attestations'. The 'Attestations' item is highlighted with a blue background and an orange icon. The main content area on the right has a header 'Attestations' and a sub-header 'QCDR Participation Requirements'. Below the sub-header, there is a paragraph of text: 'By signing and submitting this self-nomination form, you are attesting to your QCDR's ability to meet the following requirement of participation for the 2021 performance period under the Quality Payment Program:'.

2. Review the “Participation” statement and enter your name to attest that your prospective QCDR or Qualified Registry meets the participation requirements. In addition, please review and answer the Self-Nomination attestation questions and indicate if your prospective QCDR or Qualified Registry is able to meet these program requirements. **To be considered, a prospective QCDR or Qualified Registry must attest “Yes” to all the Self-Nomination attestations.**

# Quality Payment PROGRAM

## Attestations

### QCDR Participation Requirements

By signing and submitting this self-nomination form, you are attesting to your QCDR's ability to meet the following requirement of participation for the 2021 performance period under the Quality Payment Program:

- **Certification Statement** - During the data submission period, you must certify that data submissions are true, accurate, and complete to the best of your knowledge. This certification includes the acceptance of data exports directly from an EHR or other data sources. If you become aware that any submitted information is not true, accurate, and complete, you will correct such issues promptly prior to submission, or refrain from submitting it, and understand that the knowing omission, misrepresentation, or falsification of any submitted information may be punished by criminal, civil, or administrative penalties, including fines, civil damages, and/or imprisonment.
- **Data Submission** - You must submit data via a CMS-specified secure method for data submission, such as a defined Quality Payment Program data format. Additional information regarding data submission methodologies can be found in the Developer Tools section of the Resource Section of the Quality Payment Program website <https://qpp.cms.gov/developers>.
- **Data Validation Plan** - You must provide information on your process for data validation for individual MIPS eligible clinicians, groups and virtual groups within a data validation plan.
- **Data Validation Execution Report** - You must execute your 2021 Data Validation Plan and provide us with the results (i.e., Results of the randomized/detailed audits, identifying calculation issues, why they occurred and what was done to remediate). Execution of your Data Validation Plan, including the identification and correction of those errors must be completed prior to the submission of data for the 2021 MIPS performance period, for all performance categories supported.
- **Performance Category Feedback Reports** - Provide performance categories feedback at least four times a year, and provide specific feedback to all individual MIPS eligible clinicians and groups on how they compare to other clinicians who have submitted data on a given measure for all individual MIPS eligible clinicians and groups. If your organization cannot provide at least four performance category feedback reports due to receiving data at the end of the performance period, your organization must provide sufficient rationale as to why your organization would not be able to meet this requirement. Each QCDR would still be required to submit notification to CMS within the reporting period promptly within the month of realization of the impending deficiency to be considered for this exception, as discussed at § 414.1400(c)(2)(ii).



# Quality Payment PROGRAM

## Self Attestations

I attest that as a QCDR, I will attend all mandatory support calls, inclusive of the kick-off meeting. If I cannot attend, I will ensure that my QCDR is represented by another member of my team. \*

☒ Yes

I attest that as a QCDR, I have had previous experience collecting and transmitting data through a registry type platform, and can validate the operational feasibility and technical capabilities to support reporting of data for the Quality, Improvement Activity, and Promoting Interoperability performance category from the start of the performance period. \*

☒ Yes

I certify to the best of my knowledge that all of the submitted information is true, accurate, and complete including the acceptance of data exports directly from an EHR or other data sources. If I become aware that any submitted information is not true, accurate, and complete, I will correct such information promptly. I understand that the knowing omission, misrepresentation, or falsification of any submitted information may be punished by criminal, civil, or administrative penalties, including fines, civil damages, and/or imprisonment. \*

☒ Yes

I attest that, per the requirements, entity has the ability to randomly request and receive documentation from providers to verify accuracy of data. Entity will provide CMS access to review the Medicare beneficiary data on which 2021 Quality Payment Program QCDR-based submissions are based or provide to CMS a copy of the actual data (if requested for validation purposes). \*

☒ Yes

I attest that I have at least 25 participants by January 1 of the year prior to the applicable performance period. These participants do not need to use the QCDR to report MIPS data to CMS, but they must submit data to the QCDR for quality improvement. Documentation will be provided to CMS upon request. In addition, as a QCDR we will have our approved QCDR up and running, and able to accept data from eligible clinicians, groups or virtual groups starting on January 1 of the performance period. \*

☒ Yes





# Quality Payment PROGRAM

I attest that I understand that QCDRs must identify, track, and submit which clinicians are interested in participating in MIPS and have chosen to opt-in to participate in MIPS at the time of data submission. \*

☒ Yes

I attest that I understand the QCDR qualification criteria and program requirements, and will meet all program requirements (such as provide performance feedback at least 4 times a year, and provide specific feedback to clinicians and groups on how they compare to other clinicians who have submitted data on a given measure). \*

☒ Yes

I attest that I understand as a QCDR that failure to meet qualification criteria and compliance with program requirements may result in my QCDR having remedial action taken against my QCDR or terminated as a third party intermediary from participation in MIPS in the future. \*

☒ Yes

I attest that I understand that a third-party intermediary's principle place of business and retention of associated CMS data must be within the U.S. and by attesting to this statement, our QCDR's principle place of business and retention of associated CMS data is within the U.S. \*

☒ Yes

I attest that I understand as a third party intermediary we will agree to provide services for the entire performance period and applicable data submission period. Prior to discontinuing services to any MIPS eligible clinician, group or virtual group during a performance period, the third party intermediary must support the transition of such MIPS eligible clinician, group, or virtual group to an alternate third party intermediary, submitter type, or, for any measure on which data has been collected, collection type according to a CMS approved transition plan. \*

☒ Yes

I attest that as a QCDR, I will use the validation methods that currently exist for Improvement Activities and Promoting Interoperability to support the reporting of those performance categories. \*

☒ Yes

Submitter Signature \* 

First and Last Name

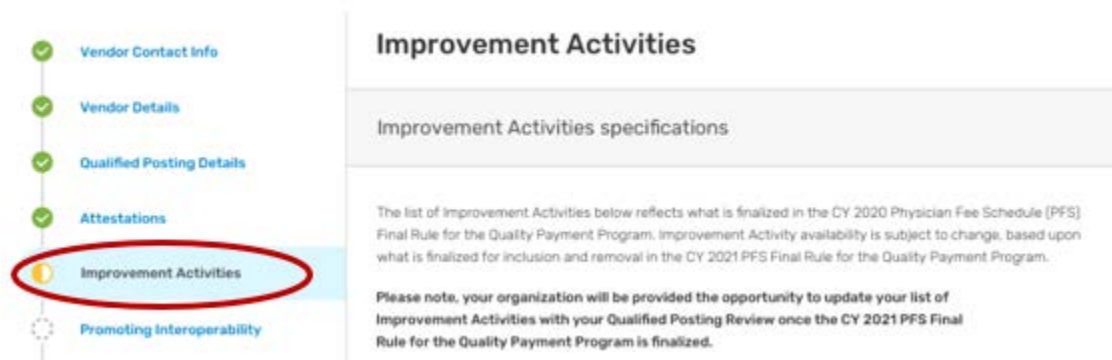


# Quality Payment PROGRAM

**Please Note:** These attestations include the acceptance of data exports directly from an EHR or other data sources. If you become aware that any submitted information is not true, accurate, and complete, you will correct such issues promptly prior to submission, or refrain from submitting it, and understand that the knowing omission, misrepresentation, or falsification of any submitted information may be punished by criminal, civil, or administrative penalties, including fines, civil damages, and/or imprisonment.

## Populating the Improvement Activities Tab

1. Click the **Improvements Activities** tab.



2. You may select “All”, “Some” or “None.” The list of supported Improvement Activities will appear if “Some” is selected.
3. You may select each Improvement Activity you will support from the list of all the Improvement Activities. Each individual activity selected will show after each 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 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.

# Quality Payment PROGRAM

**Improvement Activities**

Improvement Activities specifications

The list of Improvement Activities below reflects what is finalized in the CY 2020 Physician Fee Schedule (PFS) Final Rule for the Quality Payment Program. Improvement Activity availability is subject to change, based upon what is finalized for inclusion and removal in the CY 2021 PFS Final Rule for the Quality Payment Program.

Please note, your organization will be provided the opportunity to update your list of Improvement Activities with your Qualified Posting Review once the CY 2021 PFS Final Rule for the Quality Payment Program is finalized.

Improvement Activities Supported \* [View Activity Descriptions](#)

☐ All ☒ Some ☐ None

Select all that apply

MEASURES SELECTED (2):

- Advance Care Planning
- Annual registration in the Prescription Drug Monitoring Program

Clear all

Search

## Populating the Promoting Interoperability Tab

1. Click the **Promoting Interoperability** tab.



# Quality Payment PROGRAM



## Promoting Interoperability

### Promoting Interoperability Measures Specifications

The list of Promoting Interoperability Measures below reflects what is finalized in the CY 2020 Physician Fee Schedule (PFS) Final Rule for the Quality Payment Program. Promoting Interoperability Measure availability is subject to change, based upon what is finalized for inclusion and removal in the CY 2021 PFS Final Rule for the Quality Payment Program.

Please note, your organization will be provided the opportunity to update your list of Promoting Interoperability Measures with your Qualified Posting Review once the CY 2021 PFS Schedule Final Rule for the Quality Payment Program is finalized.

2. You may select “All”, “Some” or “None.” The list of supported Promoting Interoperability objectives and measures will appear if “Some” is selected.
3. You may select each Promoting Interoperability you will support from the list 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.
4. 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.
5. To edit your objectives or measures, refer to the “Modifying a Self-Nomination” section of this User Guide.



# Quality Payment PROGRAM

- ✓ Vendor Contact Info
- ✓ Vendor Details
- ✓ Qualified Posting Details
- ✓ Attestations
- ✓ Improvement Activities
- ⚡ Promoting Interoperability**
- MIPS Clinical Quality Measures
- MIPS-eCQMs
- Data Validation Plan
- Benchmarking Capabilities
- QCDR Measures

## Promoting Interoperability

### Promoting Interoperability Measures Specifications

The list of Promoting interoperability Measures below reflects what is finalized in the CY 2020 Physician Fee Schedule (PFS) Final Rule for the Quality Payment Program. Promoting Interoperability Measure availability is subject to change, based upon what is finalized for inclusion and removal in the CY 2021 PFS Final Rule for the Quality Payment Program.

Please note, your organization will be provided the opportunity to update your list of Promoting Interoperability Measures with your Qualified Posting Review once the CY 2021 PFS Schedule Final Rule for the Quality Payment Program is finalized.

Promoting Interoperability Measures \* [View Measure Description](#)

☐ All ☐ Some ☐ None

MEASURES SELECTED (2):

Clinical Data Registry Reporting Exclusion ✕

Clinical Data Registry Reporting Exclusion ✕

**Clear all**

**Search**

## Populating the Individual MIPS Clinical Quality Measures Tab (QCDR/Qualified Registry)

1. Click the **MIPS Clinical Quality Measures** tab.



# Quality Payment PROGRAM



## MIPS Clinical Quality Measures

### MIPS Clinical Quality Measures Specifications

Each QCDR must report on a **minimum of 6 measures, including one outcome measure**. If an outcome measure is not available, each QCDR must be able to report another high priority measure. **Please note that the MIPS CQMs must be used as specified. Measure specification changes are not permitted.**

Please select "All MIPS Registry Eligible Measures", instead of selecting each MIPS quality measure from the drop down if you will support all the MIPS quality registry measures.

The list of MIPS quality measures below reflects what is finalized in the CY 2020 Physician Fee Schedule (PFS) Final Rule for the Quality Payment Program. MIPS quality measure availability is subject to change, based upon what is finalized for inclusion and removal in the CY 2021 PFS Final Rule for the Quality Payment Program.

**Please note, your organization will be provided the opportunity to update your list of MIPS quality measures with your Qualified Posting Review once the CY 2021 PFS Final Rule for the Quality Payment Program is finalized.**

2. You may select "All", "Some" or "None." The list of individual MIPS Clinical Quality Measures will appear if "Some" is selected. Please note that the MIPS Clinical Quality Measure must be used as specified. Measure specification changes are not permitted.
3. You may select from the list all the MIPS Clinical Quality Measures that you will support. Each MIPS Clinical Quality Measure selected will show after each measure is selected. Select "All", instead of selecting each MIPS Clinical Quality Measure from the drop down if you will support all the MIPS Clinical Quality Measures.
4. You may remove a selected MIPS Clinical Quality Measure 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 Clinical Quality Measures, refer to the "Modifying a Self-Nomination" section of this User Guide.

# Quality Payment PROGRAM

- ✓ Vendor Contact Info
- ✓ Vendor Details
- ✓ Qualified Posting Details
- ✓ Attestations
- ✓ Improvement Activities
- ✓ Promoting Interoperability
- ✓ MIPS Clinical Quality Measures**
- MIPS-eQMs
- Data Validation Plan
- Benchmarking Capabilities
- QCDR Measures

## MIPS Clinical Quality Measures

### MIPS Clinical Quality Measures Specifications

Each QCDR must report on a **minimum of 6 measures, including one outcome measure**, if an outcome measure is not available, each QCDR must be able to report another high priority measure. **Please note that the MIPS CQMs must be used as specified. Measure specification changes are not permitted.**

Please select "All MIPS Registry Eligible Measures", instead of selecting each MIPS quality measure from the drop down if you will support all the MIPS quality registry measures.

The list of MIPS quality measures below reflects what is finalized in the CY 2020 Physician Fee Schedule (PFS) Final Rule for the Quality Payment Program. MIPS quality measure availability is subject to change, based upon what is finalized for inclusion and removal in the CY 2021 PFS Final Rule for the Quality Payment Program.

Please note, your organization will be provided the opportunity to update your list of MIPS quality measures with your Qualified Posting Review once the CY 2021 PFS Final Rule for the Quality Payment Program is finalized.

MIPS Clinical Quality Measures \* ? [View Measure Description](#)

☐ All ☐ Some ☐ None

MEASURES SELECTED (2):

Quality ID: 006 X

Quality ID: 007 X

Clear all

Search



# Quality Payment PROGRAM

## Populating the MIPS eCQMs Tab (QCDR/Qualified Registry)

1. Click the **MIPS-eCQM** tab.

The screenshot shows the MIPS-eCQMs tab selected in the left-hand navigation menu. The main content area is titled "MIPS-eCQMs" and contains a section for "MIPS-eCQM Specifications". The specifications text states: "CMS requires the use of the Spring 2020 eCQM Specifications, published May 2020 for the 2021 performance period and any applicable addenda: [https://ecqi.healthit.gov/ep-ec7qt-tabs\\_ep=1&year=2021](https://ecqi.healthit.gov/ep-ec7qt-tabs_ep=1&year=2021). Please note that the MIPS eCQMs must be used as specified. Measure specification changes are not permitted. Please select 'All', instead of selecting each MIPS eCQM from the drop down if you will support all the MIPS eCQMs. The list of eCQMs below reflect what is finalized in the CY 2020 Physician Fee Schedule (PFS) Final Rule for the Quality Payment Program. eCQM availability is subject to change, based upon what is finalized in the CY 2021 PFS Final Rule for the Quality Payment Program. Please note, your organization will be provided the opportunity to update your list of eCQMs with your Qualified Posting Review once the CY 2021 PFS Final Rule for the Quality Payment Program is finalized."

2. You may select "All", "Some" or "None." The list of individual MIPS eCQMs will appear if "Some" is selected. Please note that the MIPS eCQM must be used as specified. Measure specification changes are not permitted.
3. You may select from the list all the MIPS eCQMs that you will support. Each MIPS eCQM selected will show after each measure is selected. Select "All", instead of selecting each MIPS eCQM from the drop down if you will support all the MIPS eCQMs. Please note that some of the MIPS Clinical Quality Measures have been e-specified.
4. You may remove a selected MIPS eCQM by clicking the "X" next to each selected measure or click "Clear all" to remove all of the selected measures. In addition, you may use the "Search" function to look-up specific measures.



# Quality Payment PROGRAM

**MIPS-eCQMs**

**MIPS-eCQM Specifications**

CMS requires the use of the Spring 2020 eCQM Specifications, published May 2020 for the 2021 performance period and any applicable addenda: [https://ecq.healthit.gov/ep-ec?qt-tabs\\_\\_ep=1&year=2021](https://ecq.healthit.gov/ep-ec?qt-tabs__ep=1&year=2021).

Please note that the MIPS eCQMs must be used as specified. Measure specification changes are not permitted.

Please select "All", instead of selecting each MIPS eCQM from the drop down if you will support all the MIPS eCQMs.

The list of eCQMs below reflect what is finalized in the CY 2020 Physician Fee Schedule (PFS) Final Rule for the Quality Payment Program. eCQM availability is subject to change, based upon what is finalized in the CY 2021 PFS Final Rule for the Quality Payment Program.

Please note, your organization will be provided the opportunity to update your list of eCQMs with your Qualified Posting Review once the CY 2021 PFS Final Rule for the Quality Payment Program is finalized.

**MIPS eCQMs \*** [View Measure Description](#)

☐ All ☐ Some ☐ None

MEASURES SELECTED (2): **Quality ID: 008**

**Quality ID: 005**

## Submitting the Data Validation Plan (QCDR/Qualified Registry)

On this tab, you will be asked to specify the methodology your prospective QCDR or Qualified Registry will use for validating the data being submitted to CMS. **All fields are required to be populated.** The Data Validation Plan must be populated into the pre-formulated fields in the Self-Nomination form. **CMS will only review the information populated in the pre-**



# Quality Payment PROGRAM

formulated fields for purposes of satisfying the Data Validation Plan requirement. Please note, execution of your Data Validation Plan must be completed prior to the 2021 data submission period for all performance categories supported, so errors can be corrected prior to data submission for the 2021 performance period. All data that is eligible to be submitted for purposes of the MIPS program should be subject to validation, regardless of whether the clinician or group are MIPS eligible, voluntary, or are opting in.

**Data Validation Plan** \* Required

**Data Validation Plan Specifications**

The Data Validation Plan details how the QCDR will determine whether individual MIPS-eligible clinicians, groups and virtual groups have submitted data accurately and satisfactorily on the minimum number of their eligible patients, visits, procedures, or episodes for a given measure. Acceptable validation strategies include such provisions such as the QCDR being able to conduct random sampling of their participant's data, but may also be based on other credible means of verifying the accuracy of data content and completeness of reporting or adherence to a required sampling method. Please note, execution of your data validation plan must be completed prior to the given data submission period for all supported performance categories that require data submission to reduce erroneous data.

Halfway through the submission year, vendors are required to submit a Data Validation Execution Report. Here is a template of what that report might look like so that you can see the type of data needed to be collected: <https://qpp.cms.gov/about/resource-library>

## Populating the Data Validation Plan Tab

1. Describe how your prospective QCDR or Qualified Registry will verify MIPS eligibility for each clinician, group and/or virtual group (i.e., verify the clinician/group/virtual group meet the eligibility thresholds). **Please note that clinician, group or virtual group self-attestation does not suffice.**

How will your organization verify MIPS eligibility of each Clinician/Group/Virtual Groups? \* ?

Please let us know how you'll verify



# Quality Payment PROGRAM

2. Indicate the method your prospective QCDR or Qualified Registry will use to verify the accuracy of TINs and/or National Provider Identifiers (NPIs) intended for submission (i.e., NPPES, CMS Claims, tax documentation). **Please Note:** Clinician, group or virtual group self-attestation does not suffice.

How will your organization verify accuracy of  
TIN-NPIs? \* ?

Please let us know how you'll verify.

3. Describe the method your prospective QCDR or Qualified Registry will use to accurately calculate reporting and performance rates (i.e., formulas included in the Quality Measure Specifications).

What method will your organization use to calculate  
reporting and performance rates? \* ?

Please let us know your method

4. Describe the system your prospective QCDR or Qualified Registry will use to verify that only 2021 versions of Measures and Activities are reported for MIPS submission.



# Quality Payment PROGRAM

Describe the system your prospective QCDR or Qualified Registry will use to verify that only 2021 versions of Measures and Activities are reported for MIPS submission. \* ?

Please let us know how your organization will verify

5. Describe the process used for completion of randomized audits 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. **Please Note:** The Randomized Audit Plan and Detailed Audit Plan are not the same thing. See further details in Detailed Audit Plan for further information.

Describe the process used for completion of randomized audit. \* ?

Please let us know your process



# Quality Payment PROGRAM

- Describe the process used for completion of detailed audits if data inaccuracies are identified during the Randomized Audit. **Please Note:** The Detailed Audit Plan and Randomized Audit Plan are not the same thing. The Detailed Audit should include a description of the root cause analysis, how the error was corrected, and the percentage of your total clinicians impacted by the data error. Please note that the sample used for auditing in the Detailed Audit should be broadly selected and should not only include clinicians and groups impacted by the error in question. The aspect of the audit that is considered “the detail” is the specific error you are auditing for.

Describe the process used for completion of detailed audit. \* ?

Please let us know your process

## Benchmarking Capabilities Tab (QCDR ONLY)

This tab is optional and should ONLY be used by QCDRs if they are submitting QCDR Benchmarking Capabilities to CMS for consideration.

- Indicate whether you have benchmarking capability (QCDR only). Upload your benchmarking documentation in the “file uploads” section. **Note:** Do NOT upload the attachment in the comment section.



# Quality Payment PROGRAM

## Benchmarking Capabilities

### Benchmarking Capabilities Specifications

Benchmarking Capability \* ?

☐ Yes ☐ No

Drag & Drop

files to attach or [browse](#)  
(.pdf, .jpg, .jpeg, .png, .doc, .docx, .xls, .xlsx, .msg)

## QCDR Measures Tab (QCDR ONLY)

This tab is optional and should ONLY be used by QCDRs if they are submitting QCDR Measures to CMS for consideration.

1. Indicate whether you will be using another QCDR's measure(s) (QCDR only). If Yes is selected, please make sure to obtain documentation from the QCDR measure owner regarding permission to use their QCDR measure(s). Please note that verbal or inferred permission is not sufficient. CMS/The PIMMS Team will confirm that the appropriate permission has been given by the QCDR Measure owner as part of the QCDR Measure Review process. Upload your 2021 QCDR Measure Submission Template and supporting documentation in the "file uploads" section. **Note:** Do NOT upload the attachment in the comment section.

# Quality Payment PROGRAM

The screenshot shows the 'QCDR Measures' section of a web form. On the left is a vertical navigation menu with items: Vendor Contact Info, Vendor Details, Qualified Posting Details, Attestations, Improvement Activities, Promoting Interoperability, MIPS Clinical Quality Measures, MIPS-eQIMs, Data Validation Plan, Benchmarking Capabilities, and QCDR Measures (which is highlighted with a red circle and a yellow icon). Below the menu are buttons for 'SUBMIT FOR REVIEW' and 'WITHDRAW'. The main content area is titled 'QCDR Measures' with a 'Required' indicator. It contains a section for 'QCDR Measures Specifications Submission' with instructions to provide complete measure specifications and a note that a prospective QCDR may submit a maximum of 30 QCDR measures. Below this is a section for 'QCDR Measure Template and Supplemental Documentation' with a red circle around the instruction: 'Please update the version number, when an updated QCDR Measure Submission Template is uploaded or attached.' This is followed by a large dashed box labeled 'Drag & Drop' with a red circle around it, containing the text 'files to attach or browse'. Below this is a question 'Are you using Measures from another QCDR?' with 'Yes' selected. At the bottom is another 'Documentation of Approval from other QCDR' section with a similar 'Drag & Drop' area.

## Populating the 2021 Simplified Self-Nomination Form

Beginning with the 2019 MIPS performance period, a Simplified Self-Nomination process was introduced, to reduce the burden of Self-Nomination for those existing QCDRs/Qualified Registries that have previously participated in MIPS, in **good standing** (remedial action has not been taken against the vendor). A simplified Self-Nomination form is available **only** for existing QCDRs and Qualified Registries in good standing with no changes, 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 cannot find or access the simplified Self-Nomination form instead of submitting a new Self-Nomination form.



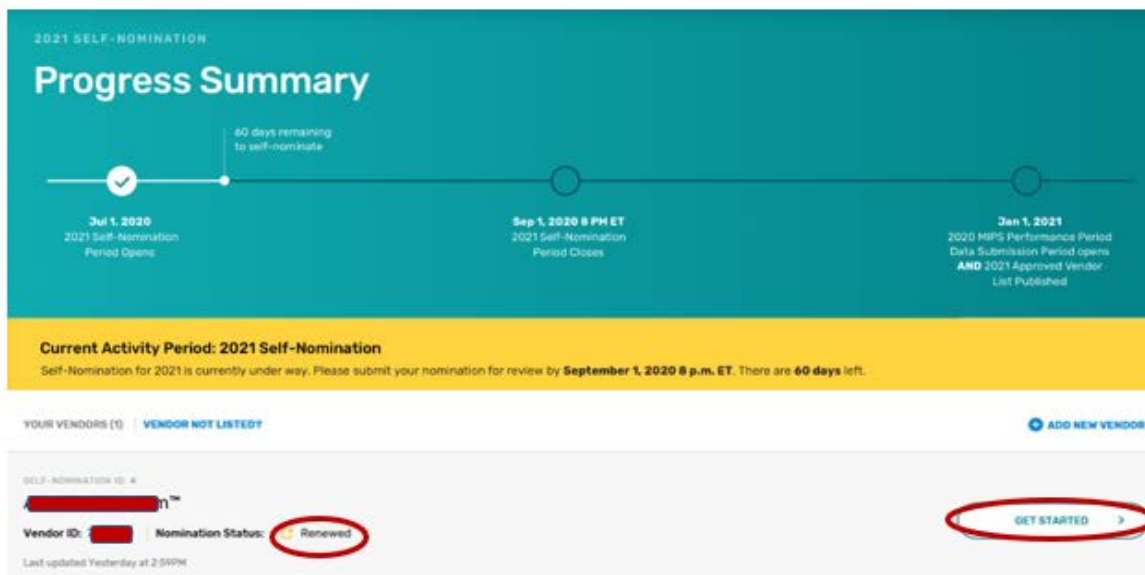
# Quality Payment PROGRAM

- **QCDR/Qualified Registry in good standing with no changes** – existing QCDRs/Qualified Registries in good standing may continue their participation in MIPS, by attesting that the QCDR's/Qualified Registry's previously approved: Data Validation Plan, services offered, cost associated with using the QCDR/Qualified Registry, measures, activities, and performance categories supported from the previous year's MIPS performance period have no changes, and will be used for the upcoming performance period. Existing QCDRs/Qualified Registries (in good standing) may attest during the Self-Nomination period (July 1 - September 1), that they have no changes to their approved Self-Nomination application from the previous year of MIPS.
- **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 application from the previous year, may submit these changes and attest to no additional changes from their previously approved QCDR/Qualified Registry application, for CMS review and consideration during the Self-Nomination period (July 1 - September 1). Minimal changes may include but are not limited to; changes to the supported performance categories, adding or removing MIPS Quality Measures, adding or updating existing services offered and/or the cost associated with using the QCDR/Qualified Registry.
- **QCDR/Qualified Registry with substantive changes** – existing QCDRs/Qualified Registries in good standing, may submit for CMS review and approval: substantive changes to QCDR measure specifications for existing QCDR measures that were approved in the previous year; submit new QCDR measures for CMS consideration without having to complete the entire Self-Nomination application process, which is required by a new QCDR. Substantive changes to existing QCDR measure specifications or any new QCDR measures would have to be re-submitted for CMS consideration by the close of the Self-Nomination period (8 p.m. ET September 1). Please note that all QCDR measures are reviewed on an annual basis. Additional examples of substantive changes may include (but are not limited to): updates to a QCDR's/Qualified Registry's Data Validation Plan or changes in the QCDR's/Qualified Registry's organization structure that would impact any aspect or designation of the QCDR/Qualified Registry status.

You may begin your 2021 Simplified Self-Nomination form by clicking “GET STARTED” on the Self-Nomination landing page. Please note that prospective QCDRs and Qualified Registries that are eligible for the Simplified Self-Nomination form will see a Nomination Status of “Renewed.”



# Quality Payment PROGRAM



Please refer to the “Modifying a Self-Nomination” section of the User Guide for more details on populating the 2021 Simplified Self-Nomination form. **Please Note:** The new fields in the 2021 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.

2020 Quality Payment Program performance year information will be available for public reporting on Physician Compare starting in late 2021. If you have any questions about this, please contact the Physician Compare support team at: [PhysicianCompare@westat.com](mailto:PhysicianCompare@westat.com).

## 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.” **Please Note:** You will not 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 and all edits are finalized, you will 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 or on the Self-Nomination landing page. If necessary, use the “Edit” button on the Self-Nomination landing page to make changes to the Self-Nomination form after you have submitted it. If you have any

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questions about the 2021 QPP Self-Nomination Form, please contact the Quality Payment Program at [QPP@cms.hhs.gov](mailto:QPP@cms.hhs.gov) or toll free at 1-866-288-8292.

SUBMIT FOR REVIEW >

WITHDRAW

SELF-NOMINATION ID: 9

test1

Vendor ID: New

Nomination Status:

Draft Complete

EDIT

WITHDRAW

SUBMIT FOR REVIEW >

3. You will receive a confirmation email with your Self-Nomination number. Please save the email for future reference.
4. It is suggested that you export 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 vendors to create a list of users who should receive email notification when comments are added.

VIEW/ADD COMMENTS

ACTIVITY LOG



## Manage Watchers

Start watching

Provide the list of users who should receive email notification when comments are added.

### Vendor Watchers (0)

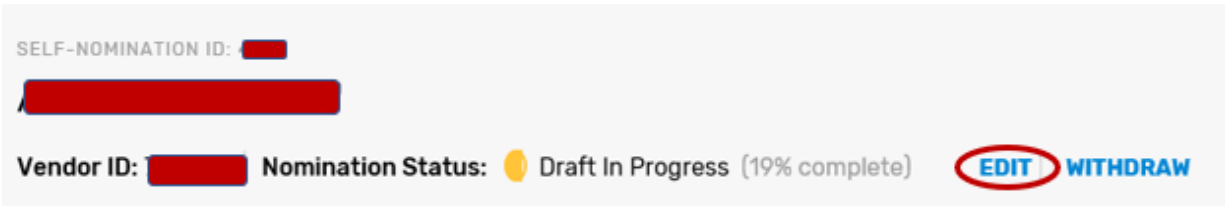
Add Vendor Watcher

Hit enter/comma after each entry to add multiple



## Modifying a Self-Nomination

To review or modify your Self-Nomination form, click “EDIT” on the Self-Nomination landing page. **As a reminder, you will not be able to modify your submission after 8:00 p.m. ET on September 1, 2020.**



## Submitting QCDR Measures (QCDRs Only)

QCDR measures can be added to your QCDR Self-Nomination as an attachment. You are required to use the QCDR Measure Submission Template to self-nominate QCDR measures for the 2021 MIPS performance period. The QCDR Measure Submission Template should **ONLY** be filled out by QCDRs who meet the 2020 definition of a QCDR and wish to self-nominate QCDR measures for CMS consideration. Each QCDR may self-nominate a maximum of 30 QCDR measures for CMS consideration.

Beginning with the 2021 MIPS performance period, QCDR measures may be approved for 2 years, at CMS discretion, by attaining approval status by meeting QCDR measure considerations and requirements. Upon annual review, CMS may revoke QCDR measure second year approval, if the QCDR measure is found to be: Topped out; duplicative of a more robust measure; reflects an outdated clinical guideline; requires QCDR measure harmonization; or if the QCDR that is nominating the QCDR measure is no longer in good standing.

In instances where a QCDR believes a the low-reported QCDR measure that did not 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 our consideration. This QCDR measure participation plan must include the QCDR's detailed plans and changes to encourage eligible clinicians and groups to submit data on the low-reported QCDR measure for purposes of the MIPS program.

## Completing the QCDR Measure Submission Template

Enter all required data for each data field for each proposed QCDR measure. **All columns denoted with an asterisk (\*) are REQUIRED fields for each proposed QCDR measure.** The template has built in validation to ensure that all REQUIRED fields are completed. The columns shaded in green denote fields that will be used by the MIPS QCDR/Registry Support Team



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(PIMMS Team) and to communicate QCDR measure feedback, QCDR response, QCDR measure reconsideration meeting summary and final CMS measure decision, as applicable.

Existing QCDRs (in good standing) will be provided a QCDR Measure Submission Template that includes their 2020 MIPS performance period approved/provisionally approved QCDR measure specifications. **The pre-populated QCDR Measure Submission Template (for existing QCDRs in good standing only) will be uploaded to each existing QCDR's respective 2021 Self-Nomination form in the QPP portal.** Please note that the QCDR Measure Submission Template will need to be updated to include information for the new REQUIRED fields for measures already contained in the spreadsheet. In addition, any updates to previously approved/provisionally approved QCDR measure specifications from the 2020 MIPS performance period will need to be included in the QCDR Measure Submission Template for consideration. Furthermore, QCDRs in good standing may also submit new QCDR measures for CMS consideration for the 2021 MIPS performance period.

**Please ensure that the measure description and specifications are checked for grammar and typographical errors. In addition, the content entered for each proposed QCDR measure should appropriately reflect the column's header. Complete all REQUIRED fields denoted with an asterisk (\*).**

- **Column A: PIMMS Tracking ID (PIMMS USE ONLY)** – This is a unique ID that is used for PIMMS tracking purposes and internal use only.
- **Column B: Input Row Completeness** – Provides the status of "Complete" or "Incomplete" for each row. "Incomplete" will display if all the REQUIRED fields have not been populated for a given entry.
- **Column C: Error Messages for Required Fields** – Provides the user with an error message(s) regarding missing REQUIRED information for each entry. Also, missing REQUIRED information for each entry will have the cell highlighted in red after five REQUIRED fields have been populated in the template for the specific proposed measure.
- **Column D: Measure ID: Measure Title (Reference only)** – This is a locked auto-filled cell that gives a reference point of Measure ID and Measure Title.
- **Column E: Measure Ready for PIMMS Review?\*** – Indicate if the given entry is "Ready for PIMMS Team Review", a "Work in Progress" or "Withdrawn." Entries with a "Work in Progress" status will not be reviewed until the status is updated to "Ready for PIMMS Team Review."
- **Column F: Do you own this measure?\*** – Enter "Yes", "No" or "Co-owned" for this field. By selecting "No" you are attesting that you do not own or co-own the measure and currently have the appropriate documentation (i.e., email, letter) giving your organization permission from the QCDR measure owner/steward to use the QCDR measure. Documentation to support permission will be verified. Please provide information in all unshaded columns. **Please note that the QCDR who owns the measure must be an active and approved QCDR for the given Self-Nomination period.**





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- **Column G: If you answered “No” or “Co-owned by 2 or more QCDRs”, please indicate the approved owner or co-owners** – Provide the name of the active and approved QCDR(s) that own or co-own the QCDR measure. **Example:** XXX QCDR
- **Column H: Program Submission Status\***: Select the measure submission status from the drop-down list that describes the measure submitted for review. (New or existing measure with/without changes). If you select ‘Existing Approved QCDR Measure With No Changes’, all cells that should not be changed will be shaded. **Please ONLY update the cells that are unshaded.**
- **Column I: If this is a previously CMS approved measure, please provide the CMS assigned measure ID\*** – Please enter the **most recent** CMS assigned QCDR measure ID if the QCDR measure was included in any MIPS performance period as an approved measure. Enter “N/A” if not applicable. **Please do NOT self-assign a QCDR measure ID. CMS is responsible for assigning QCDR measure IDs.**
- **Column J: If existing measure with changes, please indicate what has changed to the existing measure** – Provide a detailed explanation of what changes were made to the measure. **Example:** Denominator exclusion added.
- **Column K: 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.
- **Column L: If applicable, please provide details why the previous benchmark 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.
- **Column M: 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.
- **Column N: 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.
- **Column O: 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.
- **Column P: Numerator\*** – 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.
- **Column Q: Denominator Exclusions\*** – An exclusion is anything 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



# Quality Payment PROGRAM

bilateral mastectomy or for whom there is evidence of a right and a left unilateral mastectomy.

- **Column R: Denominator Exceptions\*** – 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. **Example:** 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.  
OR  
Situations where the patient’s functional capacity or motivation to improve may impact the accuracy of results of standardized depression assessment tools. For example: certain court appointed cases or cases of delirium.
- **Column S: Numerator Exclusions\*** – An exclusion is anything that would remove the patient, procedure, or unit of measurement from the numerator, typically used in ratio or inverse proportional 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.
- **Column T: Primary Data Source Used for Abstraction\*** – Indicate the primary data source used for the measure. This may include but is not limited to administrative claims data, facility discharge data, chronic condition data warehouse (CCW), claims, CROWNWeb, EHR (enter relevant parts), Hybrid, IRF-PAI, LTCH CARE data set, National Healthcare Safety Network (NHSN), OASIS-C1, paper medical record, Prescription Drug Event Data Elements, PROMIS, record review, Registry (enter which Registry), Survey, Other (describe source).
- **Column U: If applicable, please enter additional information regarding the data source used** – Provide additional information when "Registry" and/or "Other" is selected. You may list additional data sources used in addition to the primary data source.  
**Example:** ABC Registry.
- **Column V: NQF ID 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. **Example:** 0418.
- **Column W: High Priority Measure?\*** – Enter "Yes" or "No" to indicate if the measure is a high priority measure.
- **Column X: High Priority Type\*** – Indicate the high priority measure type.
- **Column Y: Measure Type\*** – Select which measure type applies to the measure.
- **Column Z: NQS Domain\*** – Select which NQS domain applies to the measure.
- **Column AA: Care Setting\*** – Select which care setting is included within the measure. If multiple care settings apply, select the option “Multiple Care Settings” and enter them in the next cell.
- **Column AB: If Multiple Care Settings selected, list Care Settings here** – If “Multiple Care Settings” was selected, enter all Care Settings that apply.



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- **Column AC: Includes Telehealth?\*** – Please answer “Yes” or “No” if the QCDR measure’s denominator includes services provided via telehealth. (Please review the quality action to ensure that it is appropriate via telehealth).
- **Column AD: Which Meaningful Measure Area applies to this measure?\*** – Select ONLY one Meaningful Measure Area that best applies to the measure.
- **Column AE: 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.
- **Column AF: Inverse Measure\*** – Indicate if the measure is an inverse measure. This is 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.
- **Column AG: Proportional Measure\*** – Indicate if the measure is a 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 (e.g., percentage of eligible women with a mammogram performed in the last year).
- **Column AH: Continuous Variable Measure\*** – Indicate if the measure is a 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 (e.g., 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.
- **Column AI: 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 (e.g., 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.
- **Column AJ: If Continuous Variable and/or Ratio is chosen, what is the range of the score(s)?** – Please provide a defined range of performance. If not a continuous variable and/or ratio measure enter “N/A.” **Example:** 0-250 minutes
- **Column AK: Number of performance rates to be calculated and submitted\*** – Indicate the number of performance rates submitted for the measure. If only one is calculated, enter '1.'



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- Column AL: Performance Rate Description(s)** – Provide a brief description for each performance rate to be calculated and submitted. **Example:** This measure will be calculated with 7 performance rates:
  - 1) Overall Percentage for patients (aged 5-50 years) with well-controlled asthma, without elevated risk of exacerbation
  - 2) Percentage of pediatric patients (aged 5-17 years) with well-controlled asthma, without elevated risk of exacerbation
  - 3) Percentage of adult patients (aged 18-50 years) with well-controlled asthma, without elevated risk of exacerbation
  - 4) Asthma well-controlled (submit the most recent specified asthma control tool result) for patients 5 to 17 with Asthma
  - 5) Asthma well-controlled (submit the most recent specified asthma control tool result) for patients 18 to 50 with Asthma
  - 6) Patient not at elevated risk of exacerbation for patients 5 to 17 with Asthma
  - 7) Patient not at elevated risk of exacerbation for patients 18 to 50 with Asthma
- Column AM: Indicate an Overall Performance Rate\*** – Specify which of the submitted rates will represent an overall performance rate for the measure or how an overall performance rate could be calculated based on the data submitted (for example, simple average of the performance rates submitted) or weighted average (sum of the numerators divided by the sum of the denominators), etc. **If only 1 performance rate is being submitted, enter 1<sup>st</sup> performance rate.**
- Column AN: Risk-Adjusted Status\*** – Indicate if the measure is risk-adjusted.
- Column AO: If risk-adjusted, indicate which score is risk-adjusted\*** – Indicate the score that is risk-adjusted for the measure.
- Column AP: Is the QCDR Measure able to be abstracted?\*** – Please attest that the measure element can be abstracted and is feasible. If borrowing the measure, it is expected that the ability to abstract the data according to the QCDR measure owner's specifications is confirmed prior to self-nominating the QCDR measure. Withdrawing of the QCDR measure during an active performance period is not acceptable.
- Column AQ: Was the QCDR measure tested at the individual clinician level?** – Enter "Yes" or "No" to indicate if the QCDR measure was tested at the individual clinician level.
- Column AR: Validity Testing Summary (optional)** – Provide validity testing summary if available.
- Column AS: Feasibility Testing Summary (optional)** – Provide feasibility testing summary if available.
- Column AT: Reliability Testing Summary (optional)** – Provide reliability testing summary if available.
- Column AU: 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.





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- **Column AV: Clinical Recommendation Statement\*** – Provide a concise statement regarding the clinical recommendation for this QCDR measure including the current clinical guideline the measure is derived. **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).
- **Column AW: Provide the 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).
- **Column AX: Provide measure performance data (# months data collected, average performance rate, performance range, and number of clinicians or groups)** – Please provide the # of months the data was collected, average performance rate, performance range and the number of eligible clinicians and/or TINs submitting the measure within your Self-Nomination.  
**Example:** 12 months, average performance rate 75%, range 52-89%, 112 clinicians submitting data.
- **Column AY: 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 in order 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)
- **Column AZ: 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.  
As examples, a QCDR measure participation plan could include one or more of the following: Development of an education and communication plan; update the QCDR measure’s specification with changes to encourage broader participation;





require reporting on the QCDR measure as a condition of reporting through the QCDR.

- **Column BA: Please indicate applicable specialty/specialties\*** – Indicate the specialty/specialties the measure applies to. **Example:** Anesthesiology, Neurology, and Urology
- **Column BB: 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
- **Column BC: QCDR Notes** – Provide any additional notes that would assist in the review or clarification of the QCDR measure.
- **Column BD: CMS QCDR Measure Feedback** – QCDR measure review feedback will be entered in this column. Feedback will be dated with the most current feedback at the top of the cell. Please note that the column will be locked until CMS has provided their feedback.
- **Column BE: Vendor QCDR Measure Response** – Vendor provides their response to the QCDR measure review feedback provided by CMS. Response(s) should be dated with the most current feedback at the top of the cell. Please note that this column will be locked until CMS has provided their feedback.
- **Column BF: QCDR Measure Reconsideration Meeting Summary** – This column will be populated for each QCDR measure that is discussed during the resolution meeting between CMS, PIMMS MIPS Team and the vendor.
- **Column BG: Final CMS Measure Decision** – This column will be populated or updated for each QCDR measure that is discussed during the resolution meeting between CMS, PIMMS MIPS Team and the vendor.

## 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 is expected that the ability to abstract the data according to the QCDR measure owner's specifications is a condition of self-nominating the QCDR measure. Withdrawal of a QCDR measure mid performance period is not acceptable.** The following is a QCDR measure permission checklist:

- ✓ Identify the QCDR measure(s) your QCDR will request for permission to use.
- ✓ Contact the measure owner to request permission to use their QCDR measure(s).
- ✓ The [QCDR Qualified Posting](#) and [Qualified Clinical Data Registry \(QCDR\) Measure Specifications](#) located on the CMS QPP Resource Library page may be used to identify the appropriate point of contact.
- ✓ Obtain documentation from the QCDR measure owner regarding written permission to use their QCDR measure(s). **Please note that verbal or inferred permission is not sufficient, permission should be clearly stated and in written form.**

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- ✓ Upload the documentation at the time of Self-Nomination for CMS reference. Please use the “Are you using measures from another QCDR?” section to upload your supporting documentation.
- ✓ **Note:** CMS does not provide agreement templates and defers to the QCDRs to the appropriate content included in such an agreement.
- ✓ The QCDR that uses another QCDR’s measure must use the QCDR measure as specified by the QCDR measure owner as QCDR measure specification changes are not permitted.

## 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 from consideration to participate in MIPS as a prospective QCDR or Qualified Registry. The “Withdraw” option can be found on the Self-Nomination page or within the Self-Nomination form.

SELF-NOMINATION ID: [REDACTED]

[REDACTED]

Vendor ID: [REDACTED] Nomination Status: 🟡 Draft In Progress (19% complete) [EDIT](#) [WITHDRAW](#)



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- ✓ Vendor Contact Info
- ✓ Vendor Details
- ✓ Qualified Posting Details
- ✓ Attestations
- ✓ Improvement Activities
- ✓ Promoting Interoperability
- ✓ MIPS Clinical Quality Measures
- ✓ MIPS-eCQMs
- ✓ Data Validation Plan
- ✓ Benchmarking Capabilities
- QCDR Measures

SUBMIT FOR REVIEW >

WITHDRAW

## 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.



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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 are submitting/responding to a comment on your Self-Nomination form choose the 'Self-Nomination' category from the 'Select Subject' dropdown.

A screenshot of the 'Add Comment' form. The title 'Add Comment' is at the top. Below it is a 'Select Subject' dropdown menu. The dropdown is open, showing three options: 'General', 'Self-Nomination' (circled in red), and 'Qualified Posting'. Below the dropdown is an 'ATTACH FILES' button. At the bottom of the form, there is a 'Manage Watchers (5)' link, a checkbox for 'Internal Only', and 'CANCEL' and 'SEND' buttons.

4. When ready to submit your comment, click 'SEND.'

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Self-Nomination

**B I U** [Icons] Normal

Test

ATTACH FILES

Manage Watchers (5)

☐ Internal Only CANCEL **SEND**

5. Once comment has been submitted all 'Watchers' will receive an email notification.

## New Comment Added

Kati Warren added a comment on QPP Self-Nomination ID: [Redacted]  
(Qualified Registry)

**VIEW COMMENT**

## Resources

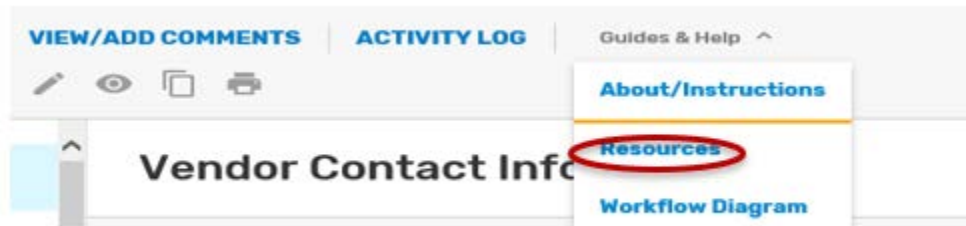
### Help with Self-Nomination

- Refer to the [2021 Qualified Registry Fact Sheet](#) and [2021 QCDR Fact Sheet](#) located in the QPP Resource Library page. 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 "Modifying a Self-Nomination" and "Completing the QCDR Measure Submission Template" sections of the User Guide for additional information.
- For additional assistance regarding Self-Nomination criteria, contact the Quality Payment Program at [gpp@cms.hhs.gov](mailto:gpp@cms.hhs.gov) or 1-866-288-8292 from 8 a.m. to 8 p.m. ET Monday through Friday. Customers who are hearing impaired can dial 711 to be connected to a TRS Communications Assistant. **To avoid security violations, do not include personal**



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identifying information or PHI, such as Social Security Number or TIN, in email inquiries to the Quality Payment Program.



## Help with QCDR Measure Development

- [Blueprint for the CMS Measures Management System](#) - Provides a standardized system for developing and maintaining the Quality Measures used in CMS's various quality initiatives and programs. The primary goal is to provide guidance to measure developers to help them produce high-caliber healthcare Quality Measures and documents the core set of business processes and decisions criteria when developing, implementing, and maintaining measures.
- [Measure Development Plan](#) - Is a focused framework to help CMS build and improve Quality Measures that clinicians could report under the Merit-based Incentive Payment System and as participants in Advanced Alternative Payment Models (collectively known as the Quality Payment Program).
- [QCDR Measure Development Google Group](#) - Provides a space for QCDRs to collaborate on QCDR Measures and share ideas throughout the QCDR measure development process.
- [QCDR Measure Development Handbook](#) - Provides guidance and suggestions to QCDR measure developers on QCDR measure structure, analytics and types as well as 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 may be found in the Self-Nomination "Resources."