

2020 Merit-Based Incentive Payment System (MIPS) Program: Self-Nomination User Guide for Qualified Clinical Data Registries (QCDRs) and Qualified Registries

June 2019



Quality Payment PROGRAM

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Introduction

Purpose

The 2020 Self-Nomination User Guide provides prospective Qualified Registries and Qualified Clinical Data Registries (QCDRs) with guidance on how to self-nominate for the 2020 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 portal (<https://qpp.cms.gov/login>), and should be accessed and completed by vendors seeking to participate in MIPS for the 2020 performance period as a Qualified Registry and/or QCDR.

The **Qualified Registry** and **QCDR** 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.
- *Posting Details Tab* – Vendors are required to enter their data collection methods, cost information, last date to accept new clients, and indicate their reporting options, performance categories and services supported. A Qualified Posting is developed for the approved Qualified Registries/QCDRs and include organization type, specialty, previous participation in MIPS (if applicable), program status (remedial action taken against the Qualified Registry/QCDR 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, services offered, and costs incurred by clients. All approved Qualified Registries/QCDRs are included in the Qualified Posting that is posted on the CMS Quality Payment Program 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 2020 performance period of MIPS.
- *Improvement Activities Tab* – Vendors may select the Improvement Activities supported for the 2020 MIPS performance period (optional).
- *Promoting Interoperability Tab* – Vendors may select to support the set of Promoting Interoperability objectives and measures for the 2020 MIPS performance period (optional).

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- *MIPS Clinical Quality Measures Tab* – Vendors are required to select the individual MIPS clinical quality measures (CQMs) supported for the 2020 MIPS performance period. Qualified Registries and QCDRs **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.
- *MIPS eCQM Tab* – Vendors may specify the electronic clinical quality measures (eCQMs) supported for the 2020 MIPS performance period (optional).
- *Data Validation Plan Tab* – Vendors are required to specify the methodology that they will use to validate the data submitted for the 2020 MIPS performance period. All fields marked with an asterisk (*) are required.

Please refer to the 2020 Qualified Registry Fact Sheet located in the [Quality Payment Program Resource Library](#) for additional information on the Qualified Registry participation requirements.

Please refer to the 2020 QCDR Fact Sheet located in the [Quality Payment Program Resource Library](#) for additional information on the QCDR participation requirements.

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* – Allows vendors to upload their benchmarking methodology (optional).
- *QCDR Measures Tab* – Allows QCDRs to upload QCDR measures and/or supplemental QCDR measure documentation for consideration for the 2020 performance period. Please utilize the 2020 QCDR measure template to submit your QCDR measures (optional).

To be considered for the 2020 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 pm Eastern Time (ET) on September 3, 2019**. Vendors who intend on participating in MIPS as a Qualified Registry and QCDR **must complete and submit a Self-Nomination form for each vendor type** for the 2020 performance period of MIPS. 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 Qualified Registry and/or QCDR, or termination as a Qualified Registry and/or QCDR in the current and future program years of MIPS.

CMS will post two Qualified Postings for the 2020 performance period of MIPS, 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 Qualified Registry or QCDR as their method of data submission for MIPS reporting.



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Additional resources regarding the MIPS 2020 performance period can be found on the Quality Payment Program website at <http://www.qpp.cms.gov/>.

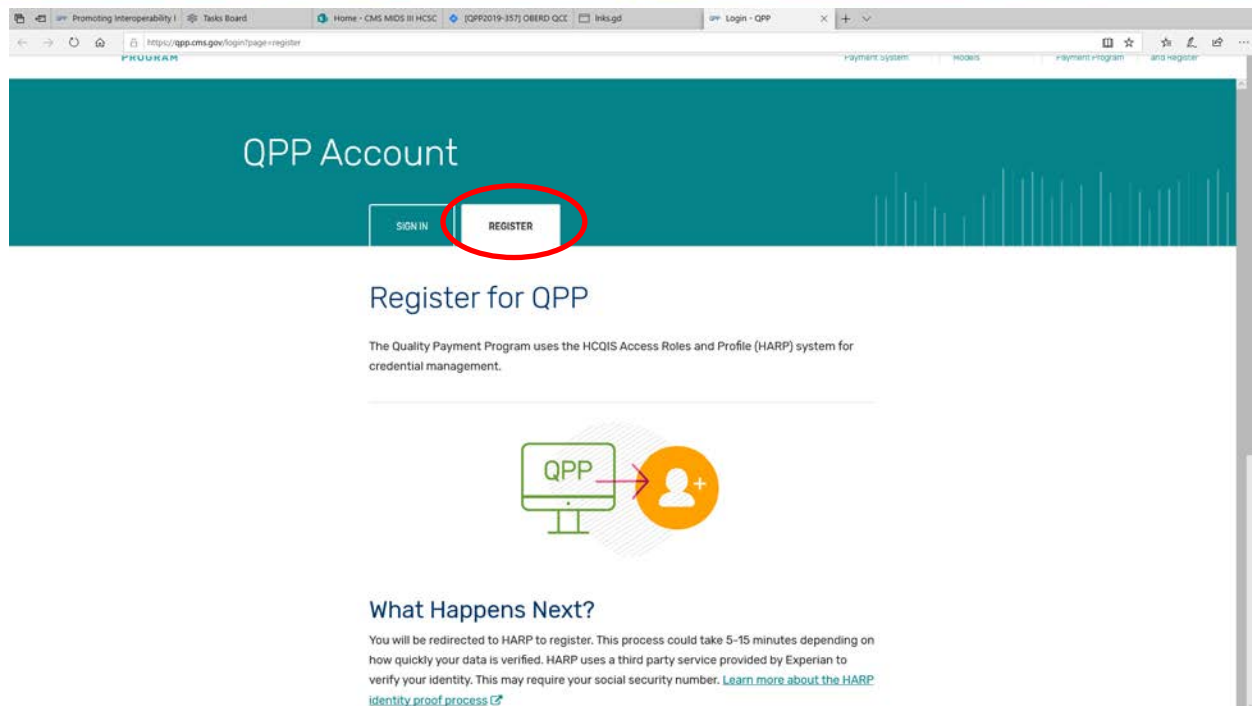
Accessing the Quality Payment Program Portal

Sign Up for a Quality Payment Program Account

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

1. Review the [OPP Access User Guide](#) that contains four files:
 - a. Before You Begin - Gives an overview of what you need to do to sign in to 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) 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 Quality Payment Program 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 Quality Payment Program 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 [Quality Payment Program portal](#).
3. Click on **Register**.

Quality Payment PROGRAM



QPP Account

[SIGN IN](#) [REGISTER](#)

Register for QPP

The Quality Payment Program uses the HCQIS Access Roles and Profile (HARP) system for credential management.



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](#)

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



Quality Payment PROGRAM



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](#)

Help shape the future of QPP by participating in user feedback sessions. [Send us an email to sign up.](#)

Quality Payment PROGRAM

[Developer Tools](#) [Resource Library](#) [Help and Support](#)

[CMS Privacy Notice](#)

Press F11 to exit full screen.



CMS.gov | HARP

[Help](#) [Login](#)

Create an Account

HCQIS Access Roles and Profile

1 Profile Information 2 Account Information 3 Remote Profiling 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

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

First Name * Last Name *
Middle Initial Date of Birth * (i)
mm/dd/yyyy
Email Address * Confirm Email Address *
Phone Number Is your address in the United States? * ☒ Yes ☐ No
Home Address Line 1 * Home Address Line 2
City * State *
ZIP Code * ZIP Code Extension
Social Security Number * (i)

Don't want to enter your SSN?
Initiate Manual Profiling

☐ I agree to the Terms & Conditions *

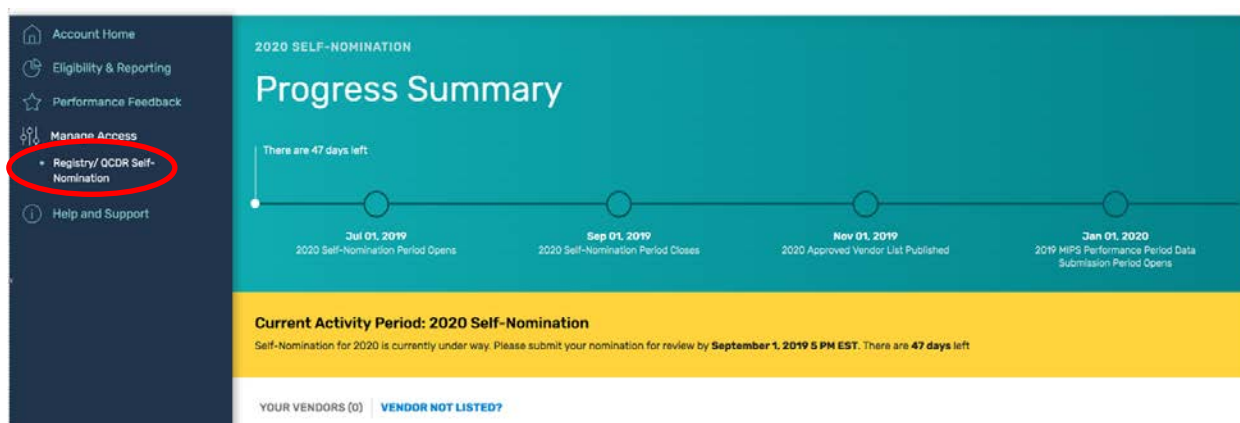
[Next](#)



CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES

Quality Payment PROGRAM

- Once you have created an account and logged in, you will land on the **Manage Access** page in the Quality Payment Program portal and will see the “Registry/QCDR Self-Nomination” link to access the Self-Nomination form for QCDRs/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 Quality Payment Program portal that you need to self-nominate, then you will need to click on “Connect to an Organization” and connect to that organization and request the “Security Official” role.



- Log in to the Quality Payment Program Portal
- Select Sign In.
- 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;

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 Quality Payment Program portal. If you are the “Security Official” for your organization, you may add this role to the appropriate staff via the Quality Payment Program 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 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 Quality Payment Program portal and it is missing from this list, then you need to follow the steps above to Connect to that organization in the “Security Official” role.



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SatzAroMira

Account Home
Eligibility & Reporting
Performance Feedback
Manage Access
Registry Self-Nomination
Help and Support

→← COLLAPSE

Manage Access

Connected Organizations

[Connect to another organization](#)

REGISTRIES PRACTICES

1 Registry

 - QR

USERS

2 connected users
[View users](#)

YOUR ROLE
Security Official

Tips

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

- Qualified Registries and QCDRs 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 beneficiaries on behalf of MIPS eligible clinicians, groups or virtual groups.
- All prospective Qualified Registries and QCDRs must submit their Self-Nomination form via the [Quality Payment Program 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 [Quality Payment Program 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.
- 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.

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- 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 pm ET on September 3, 2019**.
- 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 2020 Quality Payment Program Self-Nomination Form, please contact the Quality Payment Program at QPP@cms.hhs.gov or toll free at 1-866-288-8292.

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”.

Self-Nomination is for Qualified Registries and QCDRs only. Clinicians should not Self-Nominate.

2020 SELF-NOMINATION

Progress Summary

VIEW WORKFLOW

60 days remaining to self-nominate

Jul 1, 2019
2020 Self-Nomination Period Opens

Sep 1, 2019
2020 Self-Nomination Period Closes

Nov 1, 2019
2020 Approved Vendor List Published

Jan 1, 2020
2019 MIPS Performance Period Data Submission Period opens

Current Activity Period: 2020 Self-Nomination

Self-Nomination for 2020 is currently under way. Please submit your nomination for review by **September 1, 2019 5 PM EST**. There are **60 days** left.

0 VENDORS TOTAL | VENDOR NOT LISTED

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 Qualified Registry and QCDR, you must complete an application for each vendor type.
4. Click “Save & Continue”.

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The screenshot shows the Quality Payment Program portal interface. A modal window titled "Create New Vendor" is open, displaying the following fields and options:

- Vendor Name *** (required): A text input field with a placeholder "Enter Vendor Name". Below the field, it says "To be displayed on Qualified Posting".
- Type *** (required): Two radio button options:
 - ☐ Qualified Registry (QR)
 - ☐ Qualified Clinical Data Registry (QCDR)
- Buttons:** At the bottom of the modal are three buttons: "CANCEL", "SAVE", and "SAVE & CONTINUE". The "SAVE & CONTINUE" button is highlighted with a red circle.

The background of the portal shows a "Progress Summary" for the 2020 Self-Nomination period, with a timeline from July 01, 2019, to January 01, 2020. A sidebar on the left contains navigation links such as "Account Home", "Eligibility & Reporting", "Performance Feedback", "Manage Access", "Registry Self-Nomination", and "Help and Support".

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 Quality Payment Program 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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SatzAroMira

Account Home
Eligibility & Reporting
Performance Feedback
Manage Access
• Registry Self-Nomination
Help and Support

2020 SELF-NOMINATION
Progress Summary

Jul 01, 2019
2020 Self-Nomination Period Opens

Sep 01, 2019
2020 Self-Nomination Period Closes

Nov 01, 2019
2020 Approved Vendor List Published

Jan 01, 2020
2019 MIPS Performance Period Data Submission Period Opens

Current Activity Period: 2020 Self-Nomination
Self-Nomination for 2020 is currently under way. Please submit your nomination for review by **September 1, 2019 5 PM EST**. There are **59 days** left.

YOUR VENDORS (1) **VENDOR NOT LISTED?** [ADD NEW VENDOR](#)

SELF-NOMINATION ID: 4
Nomination Status: Renewed
Last updated Yesterday at 2:59PM

[GET STARTED](#)

Populating the 2020 Self-Nomination Form

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 2020 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 2020 Simplified Self-Nomination Form” section of the User Guide for information on self-nominating for the 2020 performance period of MIPS.

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 of 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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2020 SELF-NOMINATION ID: 44 ABOUT RESOURCES WORKFLOW

(QCDR) [icon]

✓ All changes saved **SAVE & CLOSE**

Vendor Contact Info

Vendor Details

Posting Details

Attestations

Improvement Activities

Promoting Interoperability

MIPS Clinical Quality Measures

MIPS-eCQM

Data Validation Plan

Benchmarking Capabilities

QCDR Measures

Method(s) Used to Foster Quality Improvement ⓘ

Enter detailed description here

Evidence of Meeting the Identified Deficiencies to Meet the Definition of a QCDR ⓘ

Enter detailed description here (optional)

SUBMIT FOR REVIEW >

WITHDRAW

< VENDOR CONTACT INFO

POSTING DETAILS >

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. The "Vendor Staff Access" field will only be seen if the self-nomination form is for a new vendor. List Quality Payment Program 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

Organization and Access

Organization Name * ?

test1

☒ Use Vendor Name for Organization Name

Organization TIN * ?

|

Vendor Staff Access ?

Enter QPP Username(s)

Click enter/comma after each entry to add multiple

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



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Vendor Address *

Address		
Suite (Optional)		
City	State 	Zip Code

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

Phone Number *

(XXX) XXX-XXXX	Ext. (Optional)
----------------	-----------------

Website *

www.yourwebsite.com

4. Enter a program contact, clinical contact, and technical contact information. **Please note, you are required to provide three unique points of contact for these three fields. Entering only one point of contact or different email addresses for the same point of contact (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 points of contact 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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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



Quality Payment PROGRAM

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

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 point of contact's name, email address, and phone number. **Please note that the information provided for each point of contact (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.

Vendor Details

Participation Details

Vendor Type * ?

Select

This field is required.

MIPS/PQRS Participation * ?

☐ New ☐ Existing

This field is required.

SUBMIT FOR REVIEW >

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 2020 definition of a QCDR.

Please refer to the 2020 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 the Identified Deficiencies to Meet the Definition of a QCDR ?

Enter detailed description here (optional)



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Posting Details Tab

1. Click the **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 QCDR's or Qualified Registry's Qualified Posting. Please include frequency (monthly, annual, per submission) and if the cost is per provider/practice.

Posting Details

Cost Information

Cost Information * ?

Enter monthly, annual, or per submission fee.

This field is required.

Services Included in Cost * ?

Please describe the services offered and their associated cost

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, 2020 and ends December 31, 2020.

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

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corresponding field. The Quality performance category is grayed out as your prospective QCDR or Qualified Registry must support Quality.

Reporting Information

Data Collection Method(s) *

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

Please select at least one option.



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Performance Category(ies) Reported ?

- ☐ Improvement Activities
- ☐ Promoting Interoperability
- ☒ Quality

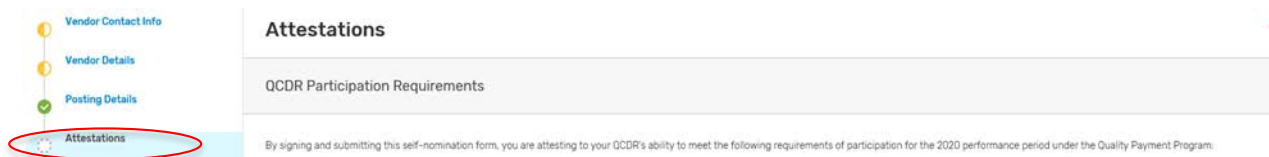
Reporting Option(s) Supported * ?

- ☐ Individual MIPS Eligible Clinicians
- ☐ Group
- ☐ Virtual Group

Please select at least one option.

Attestations Tab

1. Click the **Attestations** tab.



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-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 of the Self-Nomination attestations.**

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Attestations

* Required

QCDR Participation Requirements

By signing and submitting this self-nomination form, you are attesting to your QCDR's ability to meet the following requirements of participation for the 2020 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, including the acceptance of data exports directly from an EHR or other data sources, to the best of your knowledge. If you become aware that any submitted information is not true, accurate, and complete, you will correct such information promptly, and understand that the knowing omission, misrepresentation, or falsification of any submitted information may be punished by criminal, civil, or administrative penalties, including fines, civil damages, and/or imprisonment.
- **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 2020 Data Validation Plan prior to data submission to CMS and provide CMS with the results (i.e., Results of the randomized/detailed audits? Were there any calculation issues? If so, why did they occur and what was done to remediate?). The Data Validation Execution Report should be provided by May 31st, 2021. A late submission of your Data Validation Execution Report from your QCDR will be seen as non-compliance with program requirements and may result in remedial action against or termination of your QCDR in future program years. Please visit <https://qpp.cms.gov/about/resource-library> for a template of the Data Validation Execution Report for your reference.
- **Performance Category Feedback Reports** - Provide performance categories feedback at least four times a year for all individual MIPS eligible clinicians.

Submitter Signature * ?

First and Last Name



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 ☐ No

I attest that as a QCDR, I have had previous experience collecting and transmitting data through a registry type platform, and can meet submission needs from a technical perspective. *

☐ Yes ☐ No

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 ☐ No

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 ☐ No



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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 ☐ No

I attest that I understand the QCDR qualification criteria and the program requirements, and will meet all program requirements (such as providing timely feedback to clinicians and submitting a timely data validation execution report to CMS). *

☐ Yes ☐ No

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 ☐ No

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 ☐ No

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.



Quality Payment PROGRAM

3. You may select from the list all the Improvement Activities that you will support. 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 of the selected Improvement Activities. In addition, you may use the “Search” function to look-up specific Improvement Activities.

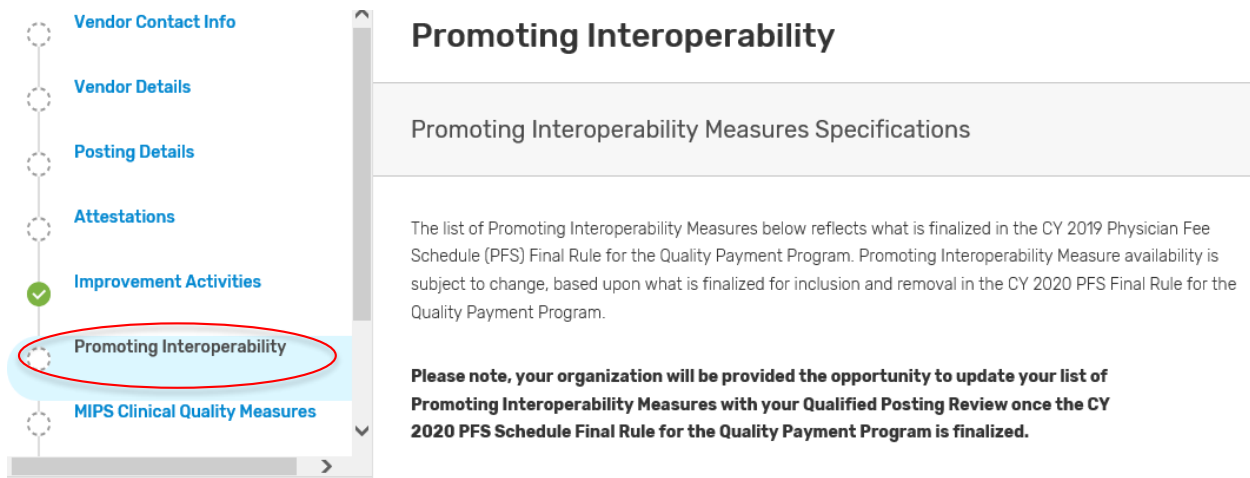
The screenshot shows the 'Improvement Activities' section of the Quality Payment Program interface. On the left is a vertical navigation menu with links: 'Vendor Contact Info', 'Vendor Details', 'Posting Details', 'Attestations', 'Improvement Activities' (highlighted with a green checkmark and a red circle), 'Promoting Interoperability', and 'MIPS Clinical Quality Measures'. The main content area is titled 'Improvement Activities' and contains a section 'Improvement Activities Specifications'. Below this, a paragraph states: 'The list of Improvement Activities below reflects what is finalized in the CY 2019 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 2020 PFS Final Rule for the Quality Payment Program.' A bolded note follows: 'Please note, your organization will be provided the opportunity to update your list of Improvement Activities with your Qualified Posting Review once the CY 2020 PFS Final Rule for the Quality Payment Program is finalized.' Below the note is the heading 'Improvement Activities Supported * ?' with three radio button options: 'All' (unselected), 'Some' (selected), and 'None' (unselected). Underneath, a box labeled 'MEASURES SELECTED (2):' contains two items: 'Advance Care Planning' and 'Annual registration in the Prescription Drug Monitoring Program', each with a close 'X' button. Below the selected measures is a 'Clear all' button. At the bottom is a search bar with the placeholder text 'Search' and a downward arrow.

- To edit your Improvement Activities, refer to the “Modifying a Self-Nomination” section of this User Guide.

Quality Payment PROGRAM

Populating the Promoting Interoperability Tab

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



The screenshot shows the 'Promoting Interoperability' tab selected in the left-hand navigation menu. The menu items are: Vendor Contact Info, Vendor Details, Posting Details, Attestations, Improvement Activities (marked with a green check), Promoting Interoperability (highlighted with a red oval), and MIPS Clinical Quality Measures. The main content area is titled 'Promoting Interoperability' and contains a section 'Promoting Interoperability Measures Specifications'. Below this, a paragraph states: 'The list of Promoting Interoperability Measures below reflects what is finalized in the CY 2019 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 2020 PFS Final Rule for the Quality Payment Program.' A bolded note follows: '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 2020 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 from the list all the Promoting Interoperability objectives and measures that you will support. 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 of the selected objectives or measures. In addition, you may use the “Search” function to look-up specific objectives or measures.

Quality Payment PROGRAM

Promoting Interoperability Measures * ?

☐ All ☒ Some ☐ None

MEASURES SELECTED (2):

Clinical Data Registry Reporting Exclusion X

Clinical Data Registry Reporting Exclusion X

Clear all

Search



- To edit your objectives or measures, refer to the “Modifying a Self-Nomination” section of this User Guide.

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

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



Quality Payment PROGRAM

- Vendor Contact Info
- Vendor Details
- Posting Details
- Attestations
- Improvement Activities
- Promoting Interoperability
- MIPS Clinical Quality Measures**
- MIPS-eCQM
- Data Validation Plan

MIPS Clinical Quality Measures Specifications

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 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 2019 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 2020 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 2020 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 of the selected measures. In addition, you may use the "Search" function to look-up specific measures.



Quality Payment PROGRAM

MIPS Clinical Quality Measures * ?

☐ All ☒ Some ☐ None

MEASURES SELECTED (2):

Quality ID: 006 ✕

Quality ID: 007 ✕

Clear all

Search

- To edit your individual MIPS Clinical Quality Measures, refer to the “Modifying a Self-Nomination” section of this User Guide.

Populating the MIPS eCQMs Tab (QCDR/Qualified Registry)

- Click the **MIPS – eCQM** tab.

The screenshot shows the MIPS-eCQM interface. On the left is a vertical navigation menu with the following items: Posting Details, Attestations, Improvement Activities (marked with a green check), Promoting Interoperability (marked with a green check), MIPS Clinical Quality Measures (marked with a green check), MIPS-eCQM (highlighted with a red oval), and Data Validation Plan. Below the menu is a 'SUBMIT FOR REVIEW' button. The main content area is titled 'MIPS-eCQM' and contains a section 'MIPS-eCQM Specifications'. The text in this section states: 'CMS requires the use of the Spring 2019 eCQM Specifications, published May 2019 for the 2020 performance period and any applicable addenda: <https://ecqi.healthit.gov/eligible-professional-eligible-clinician-ecqms>'. It also mentions that the list of eCQMs reflects the CY 2019 Physician Fee Schedule (PFS) Final Rule and that eCQM availability is subject to change based on the CY 2020 PFS Final Rule. A note at the bottom states: 'Please note, your organization will be provided the opportunity to update your list of eCQMs with your Qualified Posting Review once the CY 2020 PFS Final Rule for the Quality Payment Program is finalized.'

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2. You may select “All”, “Some” or “None”. The list of individual MIPS eQMs 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 eQMs 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 eQMs. 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.

MIPS eQMs * ?

☐ All ☒ Some ☐ None

MEASURES SELECTED (2):

Quality ID: 008 X

Quality ID: 005 X

Clear all

Search



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-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 2020 data submission period to eliminate the possibility of erroneous data submissions.



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Posting Details

Attestations

Improvement Activities

Promoting Interoperability

MIPS Clinical Quality Measures

MIPS-eCQM

Data Validation Plan

Data Validation Plan

* Required

Data Validation Plan Specifications

The Data Validation Plan details how the QR in 2020 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 QR 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 2020 data submission period to reduce erroneous data submitted.

Populating the Data Validation Plan Tab

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

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

Please let us know how you're eligible

2. Describe how your prospective QCDR or Qualified Registry will verify accuracy of Tax Identification Numbers (TINs) and/or National Provider Identifiers (NPIs). **Please note that eligible 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



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3. Indicate the method your prospective QCDR or Qualified Registry will use to 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 method your prospective QCDR or Qualified Registry will use to verify that only 2020 MIPS Quality Measures and QCDR measures are utilized for MIPS submission.

How will your organization verify 2020 MIPS Quality Measures/QCDR Measures are utilized for 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 Qualified Registry/QCDR must provide their sampling methodology that would be used to conduct the audits. The Qualified Registry/QCDR, at a minimum must meet the following sampling methodology in order to meet participation requirements: Sample 3% of the TIN/NPIs submitted to CMS by the registry, 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 that the Randomized Audit Plan cannot be the same as the Detailed Audit Plan.**



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Describe the process used for completion of randomized audit. * 

Please let us know your process

6. Describe the process used for completion of detailed audits if data inaccuracies are identified during the Randomized Audit. **Please note that the Detailed Audit Plan cannot be the same as the Randomized Audit Plan.**

Describe the process of completing a detailed audit. * 

Please let us know your process

7. Check the box to attest that, per the requirements, your QCDR or Qualified Registry has the ability to randomly request and receive documentation from providers to verify accuracy of data. Your QCDR or Qualified Registry must also attest that it has the ability to provide CMS access to review the Medicare beneficiary data on which 2020 performance period MIPS data submissions are based or provide to CMS a copy of the actual data (if requested for validation/auditing purposes).



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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 2020 Quality Payment Program QCDR-based submissions are based or provide to CMS a copy of the actual data (if requested for validation purposes). *

☐ Yes ☐ No

Benchmarking Capabilities Tab (QCDR ONLY)

1. 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.

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)

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



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permission is not sufficient. Upload your QCDR measure submission template and supporting documentation in the “file uploads” section. Note: Do NOT upload the attachment in the comment section.

QCDR Measures Specifications

QCDR Measure Template and Supplemental Documentation

Filename must match this format:

2020QCDRMeasureSpecifications_<Your QCDR Name> and/or SupplementalQCDRMeasureDocumentation_<YourQCDRName>

Drag & Drop

files to attach or [browse](#)

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

Are you using Measures from another QCDR? *



Yes



No

Documentation of Approval from other QCDR *

Drag & Drop

files to attach or [browse](#)

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

Populating the 2020 Simplified Self-Nomination Form



Quality Payment PROGRAM

Beginning with the 2019 performance period, a Simplified Self-Nomination process is available, to reduce the burden of Self-Nomination for those existing QCDRs and Qualified Registries that have previously participated in MIPS, in **good standing** (remedial action has not been taken against the vendor). The simplified process is available only for existing QCDRs or Qualified Registries in good standing with no changes, minimal changes, and those with substantive changes as described below:

- **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 performance period of MIPS 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 3), 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 3). 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. Substantive changes to existing QCDR measure specifications or any new QCDR measures would have to be submitted for CMS consideration by the close of the Self-Nomination period (8 pm ET September 3). 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 2020 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".



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OHuSixtyTwoFGH
SatzAroMira

Account Home
Eligibility & Reporting
Performance Feedback
Manage Access
• Registry Self-Nomination
Help and Support

2020 SELF-NOMINATION
Progress Summary

Jul 01 2019
2020 Self-Nomination Period Opens

Sep 01 2019
2020 Self-Nomination Period Closes

Nov 01 2019
2020 Approved Vendor List Published

Jan 01 2020
2019 MIPS Performance Period Data Submission Period Opens

Current Activity Period: 2020 Self-Nomination
Self-Nomination for 2020 is currently under way. Please submit your nomination for review by **September 1, 2019 5 PM EST**. There are **59 days** left.

YOUR VENDORS (1) | VENDOR NOT LISTED? [ADD NEW VENDOR](#)

SELF-NOMINATION ID: 4

Vendor ID: [redacted] Nomination Status: Renewed

Last updated Yesterday at 2:59PM

[GET STARTED](#)

Please refer to the “Modifying a Self-Nomination” section of the User Guide for more details on populating the 2020 Simplified Self-Nomination form. **Please note that new fields in the 2020 JIRA 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.**

Starting with the 2017 performance period of the Quality Payment Program, data made available for public reporting in late 2018, and all QCDR measure data that meets the established public reporting standards will be publicly reported on Physician Compare. Physician Compare will not link to QCDR websites. If you have any questions about this, please contact the Physician Compare support team at: 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

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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 questions about the 2020 Quality Payment Program Self-Nomination Form, please contact the Quality Payment Program at 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.

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 pm ET on September 3, 2019.**

SELF-NOMINATION ID: 4

Vendor ID:

Nomination Status:



Draft In Progress (19% complete)

EDIT

WITHDRAW

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 Template to submit the 2020 MIPS performance period QCDR measures. The QCDR measure submission template should **ONLY** be filled out by QCDRs who meet the 2020 definition of a QCDR and wish to submit QCDR measures for CMS consideration. A prospective QCDR may submit a maximum of 30 QCDR measures for CMS consideration.



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Completing the QCDR Measure 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 (PIMMS Team) and to communicate QCDR measure review feedback, QCDR response, QCDR measure reconsideration call summary and final CMS measure decision, as applicable.

Existing QCDRs (in good standing) will be provided with a QCDR measure template that includes their 2019 performance period of MIPS approved/provisionally approved QCDR measure specifications. **The pre-populated QCDR measure template (for existing QCDRs in good standing only) will be uploaded to each existing QCDRs respective 2020 Self-Nomination form in the Quality Payment Program portal. The pre-populated QCDR measure template (for existing QCDRs in good standing only) will be uploaded to each existing QCDR's respective 2020 Self-Nomination form in the Quality Payment Program portal.** Please note that the QCDR measure 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 2019 performance period of MIPS will need to be included in the QCDR measure template for consideration. Furthermore, QCDRs in good standing may also submit new QCDR measure specifications for CMS consideration for the 2020 performance period of MIPS.

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.

- **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 Submission Status (REQUIRED)** – 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 E: Do you own this measure? (REQUIRED)** – Enter "Yes", "No" or "Co-owned" for this field. By selecting "No" you are attesting that you currently have the appropriate documentation (i.e., email, letter) giving your organization permission from the QCDR



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measure owner/steward to use the QCDR measure. Documentation to support permission will be verified.

- **Column F: If you do not own or co-own this measure with another QCDR(s), please indicate the QCDR(s)** – Provide the name of the other QCDR(s) that co-own the QCDR measure. **Example:** Centers for Medicare & Medicaid Services
- **Column G: If this is a previously CMS approved measure, please provide the CMS assigned measure ID (REQUIRED)** – Provide the QCDR measure ID assigned to the 2017/2018/2019 MIPS performance period approved measure included in the QCDR measure specifications. Enter “N/A” if not applicable. **Example:** ABC55
- **Column H: Measure Title (REQUIRED)** – 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 I: Measure Description (REQUIRED)** – 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 J: Denominator (REQUIRED)** – 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 K: Numerator (REQUIRED)** – 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 L: Denominator Exclusions (REQUIRED)** – 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 bilateral mastectomy or for whom there is evidence of a right and a left unilateral mastectomy.
- **Column M: Denominator Exceptions (REQUIRED)** – 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 N: Numerator Exclusions (REQUIRED)** – 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



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1,000 catheter days were to exclude infections with a specific bacterium, that bacterium would be listed as a numerator exclusion.

- **Column O: Data Source Used for the Measure (REQUIRED)** – Indicate the data source(s) used for the measure. This may include but is not limited to administrative claims data, facility discharge data, chronic condition data warehouse (CCW), claims, CROWNWeb, EHR (enter relevant parts), Hybrid, IRF-PAI, LTCH CARE data set, National Healthcare Safety Network (NHSN), OASIS-C1, paper medical record, Prescription Drug Event Data Elements, PROMIS, record review, Registry (enter which Registry), Survey, Other (describe source).
- **Column P: If applicable, please enter additional information regarding the data source used** – Provide additional information when "Registry" and/or "Other" is selected in column M. **Example:** ABC Registry
- **Column Q: QCDR Measure Type (REQUIRED)** – Select the measure type from the drop down list that describes the measure submitted for review.
- **Column R: If this is an existing measure with changes, do the changes impact the intent of the measure?** – If yes, indicate if the variance is within your registry and/or from another source. If another source, please cite the source.
- **Column S: Please indicate what has changed to the existing measure and how the change impacts the intent of the previous version** – Provide details regarding the measure changes and how the changes impact the previous version of the QCDR measure. **Example:** 10% improvement in depression symptoms has been added to the numerator. The measure can no longer be benchmarked against the previous year.
- **Column T: Can the measure be benchmarked against the previous performance period data?** – Enter "Yes" or "No" for this field.
- **Column U: If applicable, please indicate why the previous benchmark cannot be used** – Provide details regarding why the previous benchmark cannot be used. **Example:** The improvement addition to the numerator will make this measure an Outcome measure and therefore cannot be compared to the measure from last year.
- **Column V: NQF ID Number (if applicable)** – Provide the assigned NQF ID number, if the submitted QCDR measure fully aligns the NQF endorsed version of the measure. If no NQF ID number, enter 0000. **Example:** 0418
- **Column W: Is the QCDR measure a high priority measure? (REQUIRED)** – Enter "Yes" or "No" to indicate if the measure is a high priority measure.
- **Column X: High Priority Type (REQUIRED)** – Indicate the high priority measure type.
- **Column Y: Measure Type (REQUIRED)** – Select which measure type applies to the measure belongs.
- **Column Z: NQS Domain (REQUIRED)** – Select which NQS domain applies to the measure.
- **Column AA: Care Setting (REQUIRED)** – Select which care setting(s) are included within the measure.
- **Column AB: What Meaningful Measure Area applies to this measure? (REQUIRED)** – Select ONLY one Meaningful Measure Area that best applies to the measure.



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- **Column AC: Meaningful Measure Area Rationale (REQUIRED)** – 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 AD: Inverse Measure (REQUIRED)** – Indicate if the measure is an inverse measure. This is a measure where a lower calculated performance rate for this type of measure would indicate better clinical care or control. The “Performance Not Met” numerator option for an inverse measure is the representation of the better clinical quality or control. Submitting that numerator option will produce a performance rate that trends closer to 0%, as quality increases.
- **Column AE: Proportional Measure (REQUIRED)** – 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 AF: Continuous Variable Measure (REQUIRED)** – 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 AG: Ratio Measure (REQUIRED)** – 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 AH: If Continuous Variable and/or Ratio is chosen, what would be the range of the score(s)?** – If not a continuous variable and/or ratio measure enter N/A. **Example:** 0-100%
- **Column AI: Number of performance rates to be calculated and submitted (REQUIRED)** – Indicate the number of performance rates submitted for the measure. If only one is calculated, enter '1'.
- **Column AJ: 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:



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- 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 AK: Indicate an Overall Performance Rate if more than 1 performance rate is submitted (REQUIRED)** – 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.
 - **Column AL: Risk-Adjusted (REQUIRED)** – Indicate if the measure is risk-adjusted.
 - **Column AM: If risk-adjusted, indicate which score is risk-adjusted (REQUIRED)** – Indicate the score that is risk-adjusted for the measure.
 - **Column AN: Is the QCDR measure able to be abstracted? (REQUIRED)** – Please attest that the measure element can be abstracted and is feasible.
 - **Column AO: Please provide any test data on reliability/validity** – If test data on reliability/validity is not available enter N/A.
 - **Column AP: Clinical Recommendation Statement (REQUIRED)** – 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 AQ: Provide the rationale for the QCDR measure (REQUIRED)** – 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 percent) adolescents aged 12 to 17 had a major depressive episode (MDE) in the past year and that 15.7 million (6.6 percent) adults aged 18 or older had at least one MDE in the past year, with 10.2 million adults (4.3 percent) having one MDE with severe impairment in the past year (Center for Behavioral Health Statistics and Quality, 2015).
 - **Column AR: Provide measure performance data and variance rate, if available (REQUIRED)** – Provide measure performance data and variance rate, if available. CMS



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provided provisional approval with the expectation that evidence of a performance gap would be provided. Please provide the average performance rate, variance range and the number of eligible clinicians and/or TINs submitting the measure within your Self-Nomination.

Provisionally approved QCDR measures that do not have performance data or performance data does not support a gap, the measure will likely not be approved for use in the 2020 performance period of MIPS. CMS provided provisional approval with the expectation that evidence of a performance gap would be provided. **Example:** 2019 Performance data shows 150 individual submissions with a mean rate of performance 71.2%

- **Column AS: Provide the study citation to support performance gap for the measure, if measure performance data is not available** – Provide the study citation for the measure to support the performance gap. A study citation may be used to demonstrate a performance gap, if measure performance data is not available. Citations should be the most current available or within 5 years.

In the event, a provisionally approved QCDR measure does not have performance data available, please provide a recent study to support a performance gap. **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 AT: Please indicate applicable specialty/specialties (REQUIRED)** – Indicate the specialty/specialties the measure applies to (i.e., Anesthesiology, Neurology, Urology, etc.). **Example:** Mental/Behavioral Health
- **Column AU: Preferred measure published clinical category (REQUIRED)** – Please provide a preferred clinical or specialty category (i.e., Diabetes, Substance Use/Management). Please note that if a preferred measure published clinical category is not provided, one will be assigned to the measure by CMS. **Example:** Mental/Behavioral Health
- **Column AV: QCDR Notes** – Provide any additional notes that would assist in the review or clarification of the QCDR measure.
- **Column AW: CMS 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 AX: Vendor 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 AY: 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.



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- **Column AZ: 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

A QCDR must obtain permission to use another QCDR's measure by the time a QCDR self-nominates for each performance period of MIPS. 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 Quality Payment Program Resource Library page may be used to identify the appropriate point of contact.
- ✓ 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, permission should be clearly stated and in written form.**
- ✓ 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.
- ✓ 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: 4

Vendor ID: Nomination Status:  Draft In Progress (19% complete)

[EDIT](#)

[WITHDRAW](#)



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-  Posting Details
-  Attestations
-  Improvement Activities
-  Promoting Interoperability
-  MIPS Clinical Quality Measures
-  MIPS-eCQM
-  Data Validation Plan

SUBMIT FOR REVIEW >

WITHDRAW

Resources

Help with Self-Nomination



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- Refer to the [2020 Qualified Registry Fact Sheet](#) and [2020 QCDR Fact Sheet](#) located in the Quality Payment Program Resource Library page.
- 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 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 or 1-866-288-8292 (TTY 1-877-715-6222) from 8:00 a.m. to 8:00 p.m. ET Monday through Friday. **To avoid security violations, do not include personal 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 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”.
- [QCDR Measure Development Google Group](#) - Provides a space for QCDRs to collaborate on QCDR Measures and share ideas throughout the QCDR measure development process.
- March 2019 QCDR Measure Development Workgroup Presentation - Provides an overview of the development, criteria, and evaluation of QCDR measures. The March 2019 QCDR measure development workgroup presentation may be found in the Self-Nomination “Resources”.

2020 SELF-NOMINATION ID: 4 ABOUT **RESOURCES** WORKFLOW

(Qualified Registry)

✓ All changes saved **SAVE & CLOSE**

