Quality Payment PROGRAM

Calendar Year (CY) 2022 Physician Fee Schedule Final Rule: Finalized (New and Updated) Qualified Clinical Data Registry (QCDR) and Qualified Registry Policies

December 1, 2021

This fact sheet summarizes policy updates finalized in the CY 2022 Physician Fee Schedule Final Rule, available here (PDF), as it pertains to third party intermediaries, QCDRs, and qualified registries for the CY 2022 Merit-based Incentive Payment System (MIPS) performance period/ 2024 MIPS payment year. For broader Quality Payment Program policy changes for the CY 2022 MIPS performance period, including changes to the quality, improvement activities, Promoting Interoperability, and cost performance categories, readers may reference the 2022 Final Rule Fact Sheet, Executive Summary, and Frequently Asked Questions (FAQs) available here (PDF).

CY 2022 Performance Period/2024 MIPS Payment Year

- Highlights for 2022 include: Use advanced APM(s) or advanced Alternative Payment Model(s); not Advanced Payment Model(s), where appropriate.
- Reorganizing and consolidating § 414.1400 affecting third party intermediaries (which includes QCDRs, Qualified Registries, health information technology (IT) vendors, or CMS-approved survey vendor) as outlined in this fact sheet.
- Maintaining the data completeness threshold at 70% for the CY 2022 and CY 2023 MIPS performance periods/2024 and 2025 MIPS payment years.
- Continuing to remove clinically low-bar, standard of care, process measures.
- Extending the CMS Web Interface as a collection type and submission type in traditional MIPS for registered groups, virtual groups, and Advanced Payment Model (APM) Entities for the CY 2020 MIPS performance period/2022 MIPS payment year.
- Using submission data from the CY 2020 MIPS performance period/2022 MIPS payment year to calculate benchmarks for the CY 2022 MIPS performance period/2024 MIPS payment year.
- Moving to digital quality measurement in CMS quality reporting and value-based purchasing programs by 2025.
- Delaying implementation of MIPS Value Pathways (MVPs) to 2023 to provide clinicians and third party intermediaries with sufficient time to shift to this new framework.
- Requiring that QCDRs, Qualified Registries, and health IT vendors support MVPs relevant to the specialties they support beginning with the CY 2023 MIPS performance period/2025 MIPS payment year.

MIPS Quality Measures, improvement activities, and Promoting Interoperability measures and objectives that are Added/Removed

- The following 4 MIPS quality measures were added as new measures in the CY 2022 MIPS performance period:

MIPS Quality ID	Indicator	Collection Type	Measure Type	MIPS Quality Measure Title
481	High Priority (Appropriate Use)	Electronic Clinical Quality Measure (eCQM) Specifications	Process	Intravesical Bacillus-Calmette Guerin for Non-muscle Invasive Bladder Cancer
482	High Priority (Outcome)	MIPS Clinical Quality Measure (CQM) Specifications	Intermediate Outcome	Hemodialysis Vascular Access: Practitioner Level Long-term Catheter Rate
483	High Priority (Outcome)	MIPS CQM Specifications	Patient-Reported Outcome-Based Performance Measure	Person-Centered Primary Care Measure Patient Reported Outcome Performance Measure (PCPCM PRO-PM)
484	High Priority (Outcome)	Administrative Claims	Outcome	Clinician and Clinician Group Risk-standardized Hospital Admission Rates for Patients with Multiple Chronic Conditions

- The following 13 MIPS quality measures were removed in the CY 2022 MIPS performance period:

MIPS Quality ID	Indicator	Collection Type	Measure Type	MIPS Quality Measure Title
021	High Priority (Appropriate Use)	Medicare Part B Claims Measure Specifications, MIPS CQMs Specifications	Process	Perioperative Care: Selection of Prophylactic Antibiotic – First OR Second-Generation Cephalosporin
023	High Priority (Patient Safety)	Medicare Part B Claims Measure Specifications, MIPS CQMs Specifications	Process	Perioperative Care: Venous Thromboembolism (VTE) Prophylaxis (When Indicated in ALL Patients)

MIPS Quality ID	Indicator	Collection Type	Measure Type	MIPS Quality Measure Title
044	N/A	MIPS CQMs Specifications	Process	Coronary Artery Bypass Graft (CABG): Preoperative Beta-Blocker in Patients with Isolated CABG Surgery
067	N/A	MIPS CQMs Specifications	Process	Hematology: Myelodysplastic Syndrome (MDS) and Acute Leukemias: Baseline Cytogenetic Testing Performed on Bone Marrow
070	N/A	MIPS CQMs Specifications	Process	Hematology: Chronic Lymphocytic Leukemia (CLL): Baseline Flow Cytometry
154	High Priority (Patient Safety)	Medicare Part B Claims Measure Specifications, MIPS CQMs Specifications	Process	Falls: Risk Assessment
195	N/A	Medicare Part B Claims Measure Specifications, MIPS CQMs Specifications	Process	Radiology: Stenosis Measurement in Carotid Imaging Reports
225	High Priority (Care Coordination)	Medicare Part B Claims Measure Specifications, MIPS CQMs Specifications	Structure	Radiology: Reminder System for Screening Mammograms
337	N/A	MIPS CQMs Specifications	Process	Psoriasis: Tuberculosis (TB) Prevention for Patients with Psoriasis, Psoriatic Arthritis and Rheumatoid Arthritis on a Biological Immune Response Modifier
342	High Priority (Outcome)	MIPS CQMs Specifications	Outcome	Pain Brought Under Control Within 48 Hours

MIPS Quality ID	Indicator	Collection Type	Measure Type	MIPS Quality Measure Title
429	High Priority (Patient Safety)	Medicare Part B Claims Measure Specifications, MIPS CQMs Specifications	Process	Pelvic Organ Prolapse: Preoperative Screening for Uterine Malignancy
434	High Priority (Outcome)	MIPS CQMs Specifications	Outcome	Proportion of Patients Sustaining a Ureter Injury at the Time of Pelvic Organ Prolapse Repair
444	High Priority (Efficiency)	MIPS CQMs Specifications	Process	Medication Management for People with Asthma

- Measures Q014: Age-Related Macular Degeneration (AMD): Dilated Macular Examination and Q050: Urinary Incontinence: Plan of Care for Urinary Incontinence in Women Aged 65 Years and Older were proposed for removal. In the 2022 Physician Fee Schedule Final Rule, however, the MIPS CQMs Specifications collection type was retained and the Medicare Part B Claims Measure Specifications collection type was removed for these two measures.
- Additionally, the following 5 MIPS quality measures, that were not proposed for removal, had specific collection types only removed in the CY 2022 MIPS performance period:

MIPS Quality ID	Indicator	Collection Type	Measure Type	MIPS Quality Measure Title
093	High Priority (Appropriate Use)	Removed: Medicare Part B Claims Specifications Retained: MIPS CQMs Specifications	Process	Acute Otitis Externa (AOE): Systemic Antimicrobial Therapy – Avoidance of Inappropriate Use

MIPS Quality ID	Indicator	Collection Type	Measure Type	MIPS Quality Measure Title
182	High Priority (Care Coordination)	Removed: Medicare Part B Claims Measure Specifications Retained: MIPS CQMs Specifications	Process	Functional Outcome Assessment
254	N/A	Removed: Medicare Part B Claims Measure Specifications Retained: MIPS CQMs Specifications	Process	Ultrasound Determination of Pregnancy Location for Pregnant Patients with Abdominal Pain
326	N/A	Removed: Medicare Part B Claims Measure Specifications Retained: MIPS CQMs Specifications	Process	Atrial Fibrillation and Atrial Flutter: Chronic Anticoagulation Therapy
425	N/A	Removed: Medicare Part B Claims Measure Specifications Retained: MIPS CQMs Specifications	Process	Photodocumentation of Cecal Intubation

- The following 7 MIPS improvement activities were added as new activities in the CY 2022 MIPS performance period:

MIPS Improvement Activity ID	MIPS Improvement Activity Title
IA_AHE_8	Create and Implement an Anti-Racism Plan
IA_AHE_9	Implement Food Insecurity and Nutrition Risk Identification and Treatment Protocols
IA_BMH_11	Implementation of a Trauma-Informed Care (TIC) Approach to Clinical Practice
IA_BMH_12	Promoting Clinician Well-Being
IA_ERP_4	Implementation of a Personal Protective Equipment (PPE) Plan
IA_ERP_5	Implementation of a Laboratory Preparedness Plan
IA_PSPA_33	Application of CDC's Training for Healthcare Providers on Lyme Disease

- The following 6 MIPS improvement activities were removed as activities in the CY 2022 MIPS performance period:

MIPS Improvement Activity ID	MIPS Improvement Activity Title
IA_ BE_13	Regularly Assess the Patient Experience of Care Through Surveys, Advisory Councils and/or Other Mechanisms
IA_ BE_17	Use of Tools to Assist Patient Self-Management
IA_ BE_18	Provide Peer-Led Support for Self-Management
IA_ BE_20	Implementation of Condition-Specific Chronic Disease Self-Management Support Programs
IA_ BE_21	Improved Practices that Disseminate Appropriate Self-Management Materials
IA_PSPA_11	Participation in CAHPS or Other Supplemental Questionnaire

- The following MIPS Promoting Interoperability measure and objective was added as a new measure and objective in the CY 2022 MIPS performance period:

MIPS Promoting Interoperability Measure and Objective ID	MIPS Improvement Activity Title
PI_PPHI_2	Safety Assurance Factors for EHR Resilience Guides (SAFER Guides)

Program Impacts

- For further details on the items below, please consult the CY 2022 Physician Fee Schedule Final Rule.

Updates for CY 2022 MIPS Performance Period/2024 MIPS Payment Year

Third Party Intermediaries Reorganization and Consolidation of § 414.1400 Generally (86 FR 65538 through 65542)

- See 86 FR 65538 through 65542 for the complete revisions to § 414.1400 Third Party Intermediaries in statutory format resulting from this final rule.
- Appendix A contains a crosswalk of the policies reorganized and consolidated within the CY 2022 Physician Fee Schedule Final Rule.

Third Party Intermediaries Submissions for APM Entities (see 86 FR 65542)

- APM Entities are added to § 414.1400(a)(1), expanding the general participation requirements of third party intermediaries reporting to MIPS on behalf of APM Entities in order to align reporting requirements for all participants in MIPS.
- The Promoting Interoperability performance category is scored for APM Entities based on data submitted by the participant MIPS eligible clinicians and groups as described at § 414.1317(b)(1) and is not required to be submitted by the third party intermediary on behalf of the APM Entity.

MIPS Performance Categories That Must Be Supported by Third Party Intermediaries

New Requirement to Support MVPs and the APM Performance Pathway (APP) (see 86 FR 65542 through 65544)

- New requirement created at § 414.1400(b)(1)(ii) to state that, beginning with the CY 2023 MIPS performance period/2025 MIPS payment year, QCDRs and Qualified Registries must support MVPs that are applicable to the MVP participants on whose behalf they submit MIPS data. QCDRs and Qualified Registries may also support the APM Performance Pathway (APP).
- New requirement at paragraph § 414.1400(c)(1)(iii) that beginning with the CY 2023 MIPS performance period/2025 MIPS payment year, health IT vendors must support MVPs that are applicable to the MVP participants on whose behalf they submit MIPS data. Health IT vendors may also support the APP.
- Third party intermediaries should identify and support MVPs that are relevant to the clinicians and groups they support.
- MVPs would start with the CY 2023 MIPS performance period/2025 MIPS payment year to allow for programming and system preparationfor MVP reporting success.
- MVP reporting will be voluntary until traditional MIPS is sunset.

New Requirement to Support Subgroup Reporting (see 86 FR 65544 through 65545)

- QCDRs, Qualified Registries, health IT vendors, and Consumer Assessment of

Healthcare Providers and Systems (CAHPS) for MIPS survey vendors are required to support subgroup reporting, beginning with the CY MIPS 2023 performance period/2025 MIPS payment year.

- § 414.1400(a)(1) is revised to state that MIPS data may be submitted on behalf of a MIPS eligible clinician, group, virtual group, subgroup or APM Entity by any of the following third party intermediaries: QCDR; Qualified Registry; health IT vendor; or CMS-approved survey vendor.
- Requiring third party intermediaries to support subgroup reporting will allow for clinicians to participate in a manner that is more meaningful.
- Subgroups will register through the MVP participant registration process. Third party intermediaries need to be able to track the subgroup identifiers and support the data submission process accordingly.

New Requirement for Approved QCDRs and Quality Registries That Have Not Submitted Performance Data (see 86 FR 65545 through 65546)

- CMS identified a number of QCDRs and Qualified Registries that have continued to self-nominate to become a third party intermediary for the MIPS program, but have not submitted clinician, group, or virtual group data to CMS.
  - A two-tiered approach is finalized to solve this issue:

    1. A new requirement at § 414.1400(b)(3)(vii) will require QCDRs and Qualified Registries that have never submitted data since the inception of MIPS (CY 2017 MIPS performance period/2019 MIPS payment year through the CY 2020 MIPS performance period/2022 MIPS payment year), to submit a participation plan as part of their self-nomination for CY 2023. Exceptions to this requirement may occur if data is received for the CY 2021 MIPS performance period/2023 MIPS payment year.
       - Under this scenario, QCDRs and Qualified Registries would not need to submit a participation plan for CY2023 of the self-nomination period.
       - If they do not submit data, their participation plan must be submitted as part of self-nomination for CY2023 and must be accepted by CMS to continue to be an approved QCDR or Qualified Registry.
    2. A new requirement is codified at paragraph (b)(3)(viii) to state,beginning with the CY 2024 MIPS performance period/2026 MIPS payment year, a QCDR or Qualified Registry that was approved but did not submit any MIPS data for either of the 2 years preceding the applicable self-nomination period must submit a participation plan for CMS's approval.
       - The participation plan must explain the QCDR's or Qualified Registry's

detailed plans about how the vendor intends to encourage clinicians to submit MIPS data to CMS through the third party intermediary on behalf of clinicians or groups.
    - The vendor must also explain why they should still be allowed to participate as a qualified vendor.
    - This participation plan was modeled off the current requirement for QCDR measure participation as redesignated to § 414.1400(b)(4)(iii)(B)(10)(i)).

Collaboration of Entities to Become a QCDR and Proposal to Extend Policy for Collaboration of Entities to Become a Qualified Registry (see 86 FR 65546 through 65547)

- As prior policy, in the CY2017 Quality Payment Program Final Rule (81 FR 77377), CMS finalized to allow collaboration of entities to become a QCDR based on the agency's experience with the qualifying entities wishing to become QCDRs for performance periods. This enables an entity to be eligible for qualification as a QCDR through collaboration with another entity.
- This previously finalized policy will now apply to entities who wish to collaborate to become a Qualified Registry and will help smaller societies that may not have the resources on their own to become a Qualified Registry. Those societies can now partner with other entities to meet the definition of a Qualified Registry.
- As a result, existing paragraph (b)(2)(ii) is revised and redesignated to new paragraph (b)(3)(ii) to state, if the entity seeking to qualify as a QCDR or Qualified Registry uses an external organization for purposes of data collection, calculation, or transmission, it must have a signed, written agreement with the external organization that specifically details the responsibilities of the entity and the external organization.
- The written agreement must be effective as of September 1 of the year preceding the applicable performance period.

Data Validation Audit and Targeted Audit Requirements (see 86 FR 65547 through 65548)

- As stated in previous polices (81 FR 77366 through 77367; 81 FR 77383 through 77384), QCDRs and Qualified Registries are required to submit the results of their data validation to CMS by May 31st of the year following the performance period.
- Additionally, in the 2021 Physician Fee Schedule Final Rule (85 FR 84930 through 84937; 85 FR 84944 through 84947) at existing § 414.1400(b)(2)(iv) and (v) and § 414.1400(c)(2)(iii) and (iv), data validation audit requirements as condition for approval were finalized but not codified.
- This final rule, therefore, codifies § 414.1400(b)(3)(v)(G)(1) to state that QCDRs and

Qualified Registries must conduct validation on the data they intend to submit for the applicable MIPS performance period, and provide the results of the executed data validation by May 31st of the year following the performance period.

- A new requirement is codified at § 414.1400(b)(3)(iv) to state that, beginning with the CY 2023 MIPS performance period/2025 MIPS payment year, the QCDR or Qualified Registry must submit a data validation plan annually, at the time of self-nomination, for CMS's approval, and may not change the plan once approved, without the prior approval of the agency.
- To align with the above changes:
    - Existing paragraph § 414.1400 (b)(2)(iv) is revised and redesignated to paragraph (b)(3)(v) to state, that beginning with the CY 2021 MIPS performance period/2023 MIPS payment year, the QCDR or Qualified Registry must conduct annual data validation audits in accordance with this paragraph (b)(3)(v).
    - Existing paragraph (b)(2)(iv)(A) is revised and redesignated to paragraph (b)(3)(vi)(A) to state that, if a data validation audit under paragraph (b)(3)(v) identifies one or more deficiency or data error, the QCDR or Qualified Registry must conduct a targeted audit into the impact and root cause of each such deficiency or data error for that MIPS payment year.
    - Existing paragraph (b)(2)(v) is revised and redesignated to paragraph (b)(3)(vi) to state that beginning with the CY 2021 MIPS performance period/2023 payment year, the QCDR or Qualified Registry must conduct targeted audits in accordance with this paragraph (b)(3)(vi).
    - Existing paragraph (b)(2)(vi) is revised and redesignated to paragraph (b)(3)(vii), to state for the CY 2023 MIPS performance period/2025 MIPS payment year, a QCDR or Qualified Registry that was approved but did not submit any MIPS data for any of the CY 2017 through 2021 MIPS performance periods/2019 through 2023 MIPS payment years must submit aparticipation plan for CMS's approval. This 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.
    - Existing paragraph (b)(2)(vii) is revised and redesignated to paragraph (b)(4)(viii) to state that beginning with the CY 2024 MIPS performance period/2026 MIPS payment year, a QCDR or Qualified Registry that was approved but did not submit any MIPS data for either of the 2 years preceding the applicable self-nomination period must submit a participation plan for CMS's approval.

New Requirements Specific to QCDRs

New QCDR Measure Rejection Criteria (see 86 FR 65548 through 65550)

- In the CY 2020 Physician Fee Schedule Final Rule (84 FR 63070 through 63073) at § 414.1400(b)(3)(vii), QCDR measure rejection criteria considerations were finalized. However, CMS did not codify that QCDRs may seek permission from another QCDR to use an existing measure that is owned by another QCDR.
- In order to provide further clarity to the existing policies (82 FR 53813 through 53814; 84 FR 63070 through 63073), CMS finalized to codify a new requirement and add a rejection criterion at § 414.1400(b)(4)(iv)(M) to state, a QCDR does not have permission to use a QCDR measure owned by another QCDR for the applicable performance period.
- If a QCDR measure owner is not approved or is not in good standing, any QCDR measures associated with that QCDR would also not be approved. Therefore, another rejection criterion at § 414.1400(b)(4)(iv)(N) is codified to state that, if a QCDR measure owner is not approved during a given self-nomination period, any associated QCDR measures with that QCDR would also not be approved.

Remedial Action and Termination of Third Party Intermediaries (see 86 FR 65550)

- It is at the CMS's discretion on whether third party intermediaries' inaccuracies may lead to possible remedial action or termination. Therefore, existing language at § 414.1400(f)(3)(ii) is revised and redesignated to § 414.1400(e)(3) to state, contains data inaccuracies affecting the third party intermediary's total clinicians may lead to remedial action/termination of the third party intermediary for future program year(s) based on CMS discretion.

Appendix A: Reorganization and Consolidation of § 414.1400

To minimize the lengthiness and burden of reading its policies, CMS finalized to consolidate its regulatory text under § 414.1400 under the 2022 Physician Fee Schedule Final Rule. The updates do not change previously finalized requirements for third party intermediaries but bring more clarity and simplicity to the regulatory text. In several places at § 414.1400, the regulation text was only updated to reflect both the applicable MIPS performance period/MIPS payment year. All proposals for reorganization and consolidation of § 414.1400 under the 2022 Physician Fee Schedule proposed rule (86 FR 39459 through 39461) were finalized as proposed (86 FR 65538 through 65542).

Updates Resulting from CY 2022 Physician Fee Schedule Final Rule	Prior Location	New Location
(a) Reorganization for Requirements Related to MIPS Performance Categories that Must be Supported by Third Party Intermediaries		
• To revise and redesignate existing paragraph at § 414.1400(a)(2) through (a)(2)(i) to paragraphs § 414.1400(b)(1)(i) and (c)(1) through (c)(1)(i) to state the following:	§ 414.1400 (a)(2) through (a)(2)(i)	§ 414.1400 (b)(1)(i) and (c)(1) through (c)(1)(i)
○ To state at § 414.1400(b)(1)(i), beginning with the CY 2021 MIPS performance period/2023 MIPS payment year, QCDRs and qualified registries must be able to submit data for all of the following MIPS performance categories: ▪ Quality, except: ++ The CAHPS for MIPS survey; and ++ For qualified registries, QCDR measures. ▪ Improvement activities; and ▪ Promoting Interoperability, if the eligible clinician, group, virtual group, or subgroup is using CEHRT, unless: ++The third party intermediary's MIPS eligible clinicians, groups, virtual groups, or subgroups fall under the reweighting policies at § 414.1380(c)(2)(i)(A)(*4*)(*i*) through (*iii*) or(c)(2)(i)(C)(*1*) through (7) or (c)(2)(i)(C)(*9*)).	§ 414.1400 (a)(2)(i)	§ 414.1400 (b)(1)(i)
▪ To state at § 414.1400(c)(1)(i) through (c)(1)(i)(B), health IT vendors that support MVPs must be able to submit data for all of the MIPS performance categories: ▪ Quality, except: ++ The CAHPS for MIPS survey; and ++ QCDR measures; ▪ Improvement activities; and	414.1400 (a)(2)(ii)	§ 414.1400 (c)(1)(i) through (c)(1)(i)(B)

Updates Resulting from CY 2022 Physician Fee Schedule Final Rule	Prior Location	New Location
▪ To revise and redesignate existing paragraph at § 414.1400(a)(2)(iii) to paragraph § 414.1400(c)(1)(i)(C) state, Promoting Interoperability, if the eligible clinician, group, virtual group, or subgroup is using CEHRT, unless: ++ The third party intermediary's MIPS eligible clinicians, groups, virtual groups, or subgroups fall under the reweighting policies at § 414.1380(c)(2)(i)(A)(*4*)(*i*) through (*iii*) or (c)(2)(i)(C)(*1*) through (*7*) or (c)(2)(i)(C)(*9*).	414.1400 (a)(2)(iii)	414.1400 (c)(1)(i)(C)
(a) Reorganization for Requirements Related to MIPS Performance Categories that Must be Supported by Third Party Intermediaries		
• To revise and redesignate existing paragraph at § 414.1400(a)(2)(ii) to paragraph § 414.1400(c)(1)(ii) to state, health IT vendors that do not support MVPs must be able to submit data for at least one of the MIPS performance categories described in paragraphs (c)(1)(i) through (iii) of this section.	§ 414.1400 (a)(2)(ii)	§ 414.1400 (c)(1)(ii)
• A new requirement is created at § 414.1400(c)(1)(iii) for health IT vendors to support MVPs. For more information on this proposal, please refer to section "New Requirement for Third Party Intermediaries to Support MVPs and the APP" below at IV.A.3.h.(2)(b)(i).	N/A	§ 414.1400 (c)(1)(iii)
○ To move the current Health IT vendor requirements from paragraphs § 414.1400(a)(2)(ii) through (iii) and § 414.1400(d) to a new section applicable to Health IT vendor requirements at § 414.1400(c). This will separately identify and provide clarity to data submission requirements specific to Health IT vendors.	§ 414.1400 (a)(2)(ii) and (d)	§ 414.1400 (c)
○ To move the current CMS-approved survey vendor requirements from paragraphs (a)(3) and (e) to a new paragraph applicable to CMS-approved survey vendor requirements at § 414.1400(d). We proposed to the redesignate paragraph (a)(3) current requirements to paragraph (d)(1) CMS-approved survey vendors may submit data on the CAHPS for MIPS survey for the MIPS quality performance category.	§ 414.1400 (a)(3) and (e)	§ 414.1400 (d) and (d)(1)
○ For the current requirements at paragraph (e), we proposed to move up those requirements to paragraph (d)(2).	§ 414.1400 (e)	§ 414.1400 (d)(2)
▪ To redesignate paragraph (a)(4) as paragraph (a)(2). ▪ To redesignate paragraph (a)(5) as paragraph (a)(3).	§ 414.1400 (a)(4) and (a)(5)	§ 414.1400 (a)(2) and (a)(3)
(b) Reorganization for Requirements Related QCDR and Qualified Registries Self-Nomination		
• Existing language at § 414.1400(b)(1) and (c)(1) to § 414.1400(b)(2) is consolidated and redesignated to reference both QCDR and qualified registries. This consolidates the duplicative criteria of QCDRs and qualified registries.	§ 414.1400 (b)(1) and (c)(1)	§ 414.1400 (b)(2)
• Performance feedback requirements are consolidated and redesignated previously at existing § 414.1400(b)(1) and (c)(1) to § 414.1400(b)(3)(iii).	§ 414.1400 (b)(1) and (c)(1)	§ 414.1400 (b)(3)(iii)

Updates Resulting from CY 2022 Physician Fee Schedule Final Rule	Prior Location	New Location
(b) Reorganization for Requirements Related QCDR and Qualified Registries Self-Nomination		
• § 414.1400 (b)(2), Self-nomination is finalized to state: ○ For the 2018 and 2019 performance periods/2020 and 2021 MIPS payment years, entities seeking to qualify as a QCDR or qualified registry must self-nominate September 1 until November 1 of the CY preceding the applicable performance period. ○ For the 2020 MIPS performance period/2022 MIPS payment year and future years, entities seeking to qualify as a QCDR or qualified registry must self-nominate during a 60-day period during the CY preceding the applicable performance period (beginning no earlier than July 1 and ending no later than September 1). Entities seeking to qualify as a QCDR or qualified registry for a performance period must provide all information required by CMS at the time of self-nomination and must provide any additional information requested by CMS during the review process. ○ For the 2019 MIPS performance period/2021 MIPS payment year and future years, existing QCDRs and qualified registries that are in good standing may attest that certain aspects of their previous year's approved self-nomination have not changed and will be used for the applicable performance period.	§ 414.1400 (b) and (c)	§ 414.1400 (b)(2)
• The last two sentences of existing § 414.1400(b)(1), which are duplicative with existing § 414.1400(b)(3)(iii), are removed and this language was consolidated with existing paragraph (b)(3)(iii).	§ 414.1400 (b)(1)	§ 414.1400 (b)(3)(iii)
(a) Reorganization for Requirements Related to QCDR and Qualified RegistriesConditions for Approval		
• Readers were referred to existing § 414.1400(b)(2) for QCDR conditions for approval and existing § 414.1400(c)(2) for qualified registries conditions for approval. The following is finalized in order to better organize, consolidate the duplicative criteria of QCDRs and qualified registries, and refer to both "QCDR and qualified registry'' instead of one or the other: ○ Existing paragraph (b)(2) is redesignated to paragraph (b)(3) and the paragraph heading is revised as, *Conditions for approval*.	§ 414.1400 (b)(2) and (c)(2)	§ 414.1400 (b)(3)
○ The reference to both QCDR and qualified registry is finalized in paragraph (b)(3).	§ 414.1400 (b)(2) and (c)(2)	§ 414.1400 (b)(3)
○ Both QCDR and qualified registry is revised and redesignate existing paragraph (b)(2)(i) to paragraph (b)(3)(i).	§ 414.1400 (b)(2)(i)	§ 414.1400 (b)(3)(i)
○ Existing paragraph (b)(2)(ii) is revised and redesignated to paragraph (b)(3)(ii).	§ 414.1400 (b)(2)(ii)	§ 414.1400 (b)(3)(iii)
○ Policy for collaboration of entities to become a qualified registry is extended. For more information on this proposal, please refer to section "collaboration of entities to become a QCDR and proposal to extend policy for collaboration of entities to become a qualified registry" below at section IV.A.3.h.(3)(a)(ii) of this final rule.	N/A	N/A

Updates Resulting from CY 2022 Physician Fee Schedule Final Rule	Prior Location	New Location
(a) Reorganization for Requirements Related to QCDR and Qualified Registries Conditions for Approval		
• Performance feedback requirements previously at existing § 414.1400(b)(1) and (c)(1) are consolidated and redesignated to § 414.1400(b)(3)(iii).	§ 414.1400 (b)(1) and (c)(1)	§ 414.1400 (b)(3)(iii)
• Existing paragraph (b)(2)(iii) is revised and designated to paragraph (b)(3)(iii) to state, beginning with the 2021 MIPS performance period/2023 MIPS payment year, require the QCDR or qualified registry must to provide performance feedback to their clinicians and groups at least 4 times a year, and provide specific feedback to their clinicians and groups onhow they compare to other clinicians who have submitted data on a given measure within the QCDR or qualified registry. Exceptions to this requirement may occur if the QCDR or qualified registry submits notification to CMS within the reporting period promptly within the month of realization of the impending deficiency and provides sufficient rationale as to why they do not believe they would be able to meet this requirement (for example, if the QCDR does not receive the data from their clinician until the end of the performance period).	§ 414.1400 (b)(2)(iii)	§ 414.1400 (b)(3)(iii)
• Paragraphs (b)(2)(iv) and (c)(2)(iii) in their entirety are consolidated and redesignated, into a new paragraph (b)(3)(v), and to correct a typographical error in which the word “MIPS” was omitted in the first sentence.	§ 414.1400 (b)(2)(iv) and (c)(2)(iii)	§ 414.1400 (b)(3)(v)
• Paragraphs (b)(2)(v) and (c)(3)(iv), are consolidated and redesignated, in their entirety, into a new paragraph (b)(3)(vi).	§ 414.1400 (b)(2)(v) and (c)(3)(iv)	§ 414.1400 (b)(3)(vi)
(b) Reorganization for Requirements Related to QCDR Measures **(i) Reorganization for Requirements Related to QCDR Measures for the Quality Performance Category**		
• The QCDR measure definition is referred to throughout CMS policies and is not specific to § 414.1400(b)(3) or third party intermediaries. Therefore, to provide further clarity and to better align with the current policy, the QCDR measure definition is finalized and moved to the definitions section at § 414.1305.	§ 414.1400 (b)(3)	§ 414.1305
• The following revisions were finalized to better organize regulation text at § 414.1400(b)(4) and to update cross-references to correspond to the new section numbers as reflected in this final rule:	§ 414.1400 (b)(4)	§ 414.1305
○ Paragraphs (b)(3)(i), (b)(3)(i)(A), and (b)(3)(i)(B) were redesignated to definitions at § 414.1305.	§ 414.1400 (b)(3)(i),(b)(3)(i)(A), and (b)(3)(i)(B)	§ 414.1305

Updates Resulting from CY 2022 Physician Fee Schedule Final Rule	Prior Location	New Location
(c) Reorganization for Requirements Related to QCDR Measures (i) Reorganization for Requirements Related to QCDR Measures for the Quality Performance Category		
○ Existing paragraphs at (b)(3)(ii) were revised and redesignated to finalized paragraphs (b)(4)(i) to state, for the 2018 MIPS performance period/2020 MIPS payment year and future years, at the time of self-nomination an entity seeking to become a QCDR must submit the following information for any measure it intends to submit for the payment year: ++ For MIPS quality measures, the entity must submit specifications including the MIPSmeasure IDs and specialty-specific measure sets, as applicable. + For QCDR measures, the entity must submit for CMS-approval measure specifications including: Name/title of measures, NQF number (if NQF- endorsed), descriptions of the denominator, numerator, and when applicable, denominator exceptions, denominator exclusions,risk adjustment variables, and risk adjustment algorithms. In addition, no later than 15 calendar days following CMS approval of any QCDR measure specifications, the entity must publicly post the measure specifications for that QCDR measure (including the CMS-assigned QCDR measure ID) and provide CMS with a link to where this information is posted.	§ 414.1400 (b)(3)(ii)	§ 414.1400 (b)(4)(i)
• A header was finalized and added to state, “QCDR measure self-nomination requirements”.	N/A	N/A
○ Existing paragraph at (b)(3)(iii) was moved in its entirety to finalized paragraph (b)(4)(ii) and adding a header to state, “QCDR measure submission requirements”.	§ 414.1400 (b)(3)(iii)	§ 414.1400 (b)(4)(ii)
○ Existing paragraphs at (b)(3)(v) through (v)(C)(*1*) were moved in their entirety to finalized paragraph (b)(4)(iii) through (b)(4)(iii)(A)(*3*).	§ 414.1400 (b)(3)(v) through (v)(C)(*1*)	§ 414.1400 (b)(4)(iii) through (b)(4)(iii)(A)(*3*)
○ Existing paragraph at (b)(3)(v)(C)(*2*) to paragraph (b)(4)(iii)(A)(*3*)(*i*) were revised and redesignated to state, to be included in an MVP for the 2022 MIPS performance period/2024 MIPS payment year and future years, a QCDR measure must be fully tested.	§ 414.1400 (b)(3)(v)(C)(*2*)	§ 414.1400 (b)(4)(iii)(A)(*3*)(*i*)
○ Existing paragraph at (b)(3)(vii) was moved in its entirety, to paragraph (b)(4)(iv).	§ 414.1400 (b)(3)(vii)	§ 414.1400 (b)(4)(iv)
(d) Reorganization for Requirements Related to QCDR Measures (ii) Reorganization for Requirements Related to QCDR Measure Approval Criteria		
• Existing requirements at § 414.1400(b)(3)(v) to § 414.1400(b)(4)(iii) were reorganized to make minor updates. Existing requirements were reorganized so that QCDR measure approval at § 414.1400(b)(3)(v) is discussed before QCDR measure considerations at § 414.1400(b)(3)(iv). Therefore, following revisions were finalized:	§ 414.1400 (b)(3)(v)	414.1400 (b)(4)(iii)

Updates Resulting from CY 2022 Physician Fee Schedule Final Rule	Prior Location	New Location
(d) Reorganization for Requirements Related to QCDR Measures (ii) Reorganization for Requirements Related to QCDR Measure Approval Criteria		
○ To revise and redesignate existing paragraph (b)(3)(v) "QCDR measure requirement for approval include" to paragraph (b)(4)(iii) and add a heading to state, "QCDR measure approval criteria". The following updates were also finalized:	§ 414.1400 (b)(3)(v)	414.1400 (b)(4)(iii)
++ Move existing (b)(3)(v) to revised paragraph (b)(4)(iii)(A) to state, QCDRmeasure requirements for approval are.	§ 414.1400 (b)(3)(v)	414.1400 (b)(4)(iii)(A)
++ Move existing paragraph (b)(3)(v)(A) in its entirety to paragraph (b)(4)(iii)(A)(*1*).	§ 414.1400 (b)(3)(v)(A)	414.1400 (b)(4)(iii)(A)(1)
++ Move existing paragraph (b)(3)(v)(B) in its entirety to paragraph (b)(4)(iii)(A)(*2*).	§ 414.1400 (b)(3)(v)(B)	414.1400 (b)(4)(iii)(A)(2)
++ Revise existing paragraphs (b)(3)(v)(C) and (b)(3)(v)(C)(*1*) to paragraph (b)(4)(iii)(A)(*3*) to state, beginning with the 2022 MIPS performance period/2024 MIPS paymentyear, all QCDR measures must meet face validity. To be approved for the 2023 MIPS performance period/2025 MIPS payment year, all QCDR measures must meet face validity for the initial MIPS payment year for which it is approved. For subsequent years, all QCDR measures must be fully developed and tested, with complete testing results at the clinician level, prior to submitting the QCDR measure at the time of self-nomination.	§ 414.1400 (b)(3)(v)(C) and (b)(3)(v)(C)(*1*)	§ 414.1400 (b)(4)(iii)(A)(*3*)
++ Move existing paragraph (b)(3)(v)(C)(*2*) in its entirety to paragraph(b)(4)(iii)(A)(*3*)(*i*).	§ 414.1400 (b)(3)(v)(C)(*2*)	§ 414.1400 (b)(4)(iii)(A)(*3*)(*i*)
++ Move existing paragraph (b)(3)(v)(D) in its entirety to paragraph (b)(4)(iii)(A)(*4*).	§ 414.1400 (b)(3)(v)(D)	§ 414.1400 (b)(4)(iii)(A)(*4*)
++ Move existing paragraph (b)(3)(v)(E) in its entirety to paragraph (b)(4)(iii)(A)(*5*).	§ 414.1400 (b)(3)(v)(E)	§ 414.1400 (b)(4)(iii)(A)(*5*)
(d) Reorganization for Requirements Related to QCDR Measures (iii) Reorganization for Requirements Related to QCDR Measure Considerations for Approval		
• Language at existing § 414.1400(b)(3)(iv) to § 414.1400(b)(4)(iii)(B) was reorganized to make minor update. Existing requirements were reorganized so that QCDR measure approval at § 414.1400(b)(3)(v) is discussed before QCDR measure considerations at § 414.1400(b)(3)(iv). Existing § 414.1400(b)(3)(vi) was redesignated to § 414.1400(b)(4)(iii)(C). Specifically, the following revisions were finalized: ○ To revise and redesignate existing paragraph (b)(3)(iv) "QCDR measure considerations for approval include" to paragraph (b)(4)(iii)(B) "QCDR measureconsiderations for approval include, but are not limited to".	§ 414.1400 (b)(3)(iv)	414.1400 (b)(4)(iii)(B)

Updates Resulting from CY 2022 Physician Fee Schedule Final Rule	Prior Location	New Location
(d) Reorganization for Requirements Related to QCDR Measures (iii) Reorganization for Requirements Related to QCDR Measure Considerations for Approval		
▪ Move existing paragraph (b)(3)(iv)(A) in its entirety to paragraph (b)(4)(iii)(B)(*1*).	§ 414.1400 (b)(3)(iv)(A)	414.1400 (b)(4)(iii)(B)(1)
▪ Move existing paragraph (b)(3)(iv)(B) in its entirety to paragraph (b)(4)(iii)(B)(*2*).	§ 414.1400 (b)(3)(iv)(B)	§ 414.1400 (b)(4)(iii)(B)(2)
▪ Move existing paragraph (b)(3)(iv)(C) in its entirety to paragraph (b)(4)(iii)(B)(*3*).	§ 414.1400 (b)(3)(iv)(C)	§ 414.1400 (b)(4)(iii)(B)(3)
▪ Move existing paragraph (b)(3)(iv)(D) in its entirety to paragraph (b)(4)(iii)(B)(*4*).	§ 414.1400 (b)(3)(iv)(D)	§ 414.1400 (b)(4)(iii)(B)(4)
▪ Move existing paragraph (b)(3)(iv)(E) in its entirety to paragraph (b)(4)(iii)(B)(*5*).	§ 414.1400 (b)(3)(iv)(E)	§ 414.1400 (b)(4)(iii)(B)(5)
▪ Move existing paragraph (b)(3)(iv)(F) in its entirety to paragraph (b)(4)(iii)(B)(*6*).	§ 414.1400 (b)(3)(iv)(F)	§ 414.1400 (b)(4)(iii)(B)(6)
▪ Move existing paragraph (b)(3)(iv)(G) in its entirety to paragraph (b)(4)(iii)(B)(*7*).	§ 414.1400 (b)(3)(iv)(G)	§ 414.1400 (b)(4)(iii)(B)(7)
○ Revise and consolidate existing paragraph (b)(3)(iv)(G)(*1*) to paragraph (b)(4)(iii)(B)(*7*)(*i*) to state that QCDR link their QCDR measures as feasible to at least one cost measure, improvement activity, or an MVP at the time of self-nomination.	§ 414.1400 (b)(3)(iv)(G)(*1*)	§ 414.1400 (b)(4)(iii)(B)(7)(*i*)
▪ Move existing paragraph (b)(3)(iv)(G)(*2*) in its entirety to paragraph (b)(4)(iii)(B)(*7*)(*ii*).	§ 414.1400 (b)(3)(iv)(G)(*2*)	§ 414.1400 (b)(4)(iii)(B)(*7*)(*ii*)
▪ Move existing paragraph (b)(3)(iv)(H) in its entirety to paragraph (b)(4)(iii)(B)(*8*).	§ 414.1400 (b)(3)(iv)(H)	§ 414.1400 (b)(4)(iii)(B)(*8*)
▪ Move existing paragraph (b)(3)(iv)(I) in its entirety to paragraph (b)(4)(iii)(B)(*9*).	§ 414.1400 (b)(3)(iv)(I)	§ 414.1400 (b)(4)(iii)(B)(*9*)
▪ Move existing paragraph (b)(3)(iv)(J) in its entirety to paragraph (b)(4)(iii)(B)(*10*).	§ 414.1400 (b)(3)(iv)(J)	§ 414.1400 (b)(4)(iii)(B)(*10*)
▪ Move existing paragraph (b)(3)(iv)(J)(*2*) to paragraph Reserve (b)(4)(iii)(B)(*10*)(*ii*).	§ 414.1400 (b)(3)(iv)(G)(*2*)	§ 414.1400 (b)(4)(iii)(B)(*10*)(*ii*)
▪ Move existing paragraph (b)(3)(vi) in its entirety to paragraph (b)(4)(iii)(C).	§ 414.1400 (b)(3)(vi)	§ 414.1400 (b)(4)(iii)(C)
(d) Reorganization for Requirements Related to QCDR Measures (iv) QCDR Measure Rejection Criteria		
• Existing requirements at § 414.1400(b)(3)(vii) to § 414.1400(b)(4)(iv) were reorganized and the following revisions were finalized: ○ To revise and redesignate existing paragraph (b)(3)(vii) "QCDR measure rejection criteria" to paragraph (b)(4)(iv) and add a heading to state, *QCDR measure rejection criteria*. Adding a heading will help readers clearly distinguish measure rejection criteria. The following updates were also finalized:	§ 414.1400 (b)(3)(vii)	§ 414.1400 (b)(4)(iv)

Updates Resulting from CY 2022 Physician Fee Schedule Final Rule	Prior Location	New Location
(d) Reorganization for Requirements Related to QCDR Measures **(iv) QCDR Measure Rejection Criteria**		
▪ To move existing paragraph (b)(3)(vii) to paragraph (b)(4)(iv) to state, QCDR measure rejection criteria. Beginning with the 2020 MIPS performance period/2022 MIPS payment year, QCDR measure rejection considerations include, but are not limited to.	§ 414.1400 (b)(3)(vii)	§ 414.1400 (b)(4)(iv)
▪ Move existing paragraphs (b)(3)(vii)(A) through (L) in their entirety to (b)(4)(iv)(A) through (L).	§ 414.1400 (b)(3)(vii)(A) through (L)	§ 414.1400 (b)(4)(iv)(A) through (L)
• **Reorganization for Requirements Related to Remedial Action and Termination of Third Party Intermediaries**		
• With the final rule updates being made at § 414.1400, the following sections were redesignated: ○ Current paragraph (f) is redesignated as paragraph (e) and to update cross-references to correspond to the new section numbers as reflected in this final rule.	414.1400(f)	414.1400(e)
• **Auditing of entities submitting MIPS data.**		
• With the finalized updates being made at § 414.1400, the following sections were redesignated: ○ Current paragraph (g) was redesignated as paragraph (f) and to update cross-references to correspond to the new section numbers as reflected in this final rule.	414.1400(g)	414.1400(f)