Quality Payment
PROGRAM

2018 QCDR AND QUALIFIED REGISTRY QUALITY PAYMENT PROGRAM SELF-NOMINATION PROCESS FOR VENDORS

August 30, 2017

Disclaimer

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Agenda

- Qualified Registry Overview

- Qualified Clinical Data Registry Overview

- Qualified Clinical Data Registry Measures - Harmonization

- Data Validation Plan Requirements

- Business Associate Agreement

- Resources & Who to Call for Help

- 2018 JIRA Self-Nomination Demonstration

- Question & Answer Session

QUALIFIED REGISTRY OVERVIEW

What is a Qualified Registry

- A qualified registry is an entity that collects clinical data from an individual MIPS-eligible clinician, group, or virtual group* and submits it to CMS on their behalf. Clinicians work directly with their chosen registry to submit data on the selected measures or specialty set of measures.

Virtual Group = A combination of two or more TINs composed of a solo eligible clinician or a group of 10 or fewer eligible clinicians that elects to form a virtual group with at least one other solo practitioner or group. All MIPS eligible clinicians within a TIN must participate in the virtual group.

Qualified Registry Requirements

- **Participants**: You must have at least 25 participants by January 1, 2018. These participants do not need to use the qualified registry to report MIPS data to CMS, but they must submit data to the qualified registry for quality improvement.

- **Attestation Statement**: You must provide a statement during the data submission period verifying that all the data (quality measures, improvement activities, and advancing care information measures and objectives, if applicable) and results are accurate and complete.

- **Data Submission**: You must submit data via a CMS-specified secure method for data submission, such as a defined Quality Payment Program data format (JSON, XML). 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 Report**: You must provide information on your process for data validation for both individual MIPS eligible clinicians, groups and virtual groups within a data validation plan. Results of the executed data validation plan must be provided by May 31 of the year following the performance period.

Qualified Registry Submission

- A qualified registry must perform the following functions related to submitting data:
  - 1. Indicate:
    - o CEHRT data source
    - o End-to-end electronic reporting, if applicable
    - o Performance period start and end dates
    - o Whether you are reporting on advancing care information measures and objectives
    - o Whether you are reporting on improvement activities

  - 2. Submit:
    - o Data and results for all your MIPS performance categories
      - ▪ Include all-payer data, not just Medicare Part B patients
    - o Results for at least six quality measures, with at least one outcome measure
      - ▪ If an outcome measure is not available, use at least one other high-priority measure
    - o Quality Measure ID numbers for quality measures
    - o Measure-level reporting rates by TIN/NPI and/or TIN
    - o Measure-level performance rates by TIN/NPI and/or TIN
    - o Risk-adjusted results for any risk-adjusted measures
    - o Sampling methodology for data validation
    - o Performance categories feedback at least four times a year for all individual MIPS eligible clinicians

Qualified Registry Submission

3. Report on the number of:
- Eligible instances (reporting denominator)
- Times a quality service is performed (performance numerator)
- Times the applicable submission criteria were not met
- Performance exclusions (denominator exceptions/exclusions)

4. Verify and maintain eligible clinician information:
- Signed verification of clinician names, contact information, costs charged to clinicians, services provided, measures, and specialty-specific measure sets (if applicable)
- Business agreement(s) with clinicians or groups who provide patient-specific data
  - Ensure the business associate agreement complies with HIPAA Privacy and Security Rules.
  - Include disclosure of quality measure results and data on Medicare and non-Medicare beneficiaries
- Signed NPI-holder authorization to:
  - Submit results and data to CMS for MIPS
  - Release email address for feedback report distribution
- Attestations that all data and results are accurate and complete

5. Comply with:
- Any CMS request to review your submitted data
- Requirements to participate in the mandatory registry kick-off meeting and monthly support calls
- CMS-approved secure method for data submission
  - An XML or JSON file

Qualified Registry Submission

- If any data inaccuracies affect more than 3% of your total MIPS-eligible clinicians, you:

  - Will be placed on probation due to your low data quality rating

  - The qualified registry posting will be updated for the performance period to indicate you are on probation

- Data inaccuracies affecting more than 5% of your total MIPS-eligible clinicians may lead to being precluded from participating in the following year.

Self-Nomination

- Qualified registries, regardless of prior participation as a registry, must self-nominate on an annual basis to participate in future program years of MIPS.

  - Having previously qualified as a qualified registry does not automatically qualify the entity to participate in subsequent MIPS performance periods.

- For the 2018 performance period, CMS has established the self-nomination period from September 1 – November 1, 2017.

  - Please review the CY 2018 Quality Payment Program proposed and final rules for more information regarding requirements to be a qualified registry in the 2018 MIPS performance period.

  - Visit the resources library of the [Quality Payment Program website](#) for additional information (when available) about registry participation for the 2018 MIPS performance period.

QUALIFIED CLINICAL DATA REGISTRY OVERVIEW

What is a Qualified Clinical Data Registry (QCDR)

- A QCDR is a CMS-approved entity that collects clinical data on behalf of clinicians for data submission. Examples include, but are not limited to, regional collaboratives and specialty societies.

- QCDR reporting is different from qualified registry reporting because QCDRs are not limited to measures within the Quality Payment Program. A QCDR may submit a maximum of 30 QCDR measures (formerly known as non-MIPS measures) for review and approval by CMS for reporting.

- QCDRs cannot be owned or managed by an individual or locally-owned specialty group.

QCDR Requirements

- **Participants**: You must have at least 25 participants by January 1, 2018. These participants do not need to use the QCDR to report MIPS data to CMS, but must submit data to the QCDR for quality improvement.

- **Attestation Statement**: You must provide a statement during the data submission period verifying that all the data (quality measures, improvement activities, and advancing care information measures and objectives, if applicable) and results are accurate and complete.

- **Data Submission**: You must submit data via a CMS-specified secure method for data submission, such as a Quality Reporting Document Architecture (QRDA) III or Quality Payment Program data format (JSON, XML). Additional information regarding data submission methodologies can be found in the Developer Tools section of the Resource Library of the Quality Payment Program website: https://qpp.cms.gov/developers.

- **Data Validation Report**: You must provide information on your process for data validation for both individual MIPS eligible clinicians, groups and virtual groups within a data validation plan. Results of the executed data validation plan must be provided by May 31 of the year following the performance period.

QCDR Submission

- A QCDR must perform the following functions related to submitting data:
    - 1. Indicate:
        - o CEHRT data source
        - o End-to-end electronic reporting, if applicable
        - o Performance period start and end dates
        - o Whether you are reporting on Advancing Care Information measures and objectives
        - o Whether you are reporting on Improvement Activities
    - 2. Submit:
        - o Data and results for all your MIPS performance categories
            - ▪ Include all-payer data, not just Medicare Part B patients
        - o Results for at least six quality measures, including one outcome measure
            - ▪ If an outcome measure is not available, use at least one other high priority measure
            - ▪ Give entire distribution of measure results by decile, if available
        - o Quality Measure ID numbers for quality measures
        - o Measure-level reporting rates by TIN/NPI and/or TIN
        - o Measure-level performance rates by TIN/NPI and/or TIN
        - o Provide performance category feedback at least four times a year for all MIPS-eligible clinicians
        - o Sampling methodology for data validation
        - o Risk-adjusted results for any risk-adjusted measures
        - o Additional details for QCDR measures:
            - ▪ Data elements and measure specifications
            - ▪ Risk-adjusted results for QCDR quality data
            - ▪ Comparison of quality of care by measure, by clinician or group
            - ▪ Data from before the start of the performance period, if available
        - o All Quality Payment Program and QCDR measures to CMS on a designated public website
            - ▪ Provide CMS with the measure specification posting link via a JIRA comment in your approved self-nomination form
            - ▪ Include specifications for QCDR measures

QCDR Submission

3. Report on the Number of:
- Eligible instances (reporting denominator)
- Times a quality service is performed (performance numerator)
- Times the applicable submission criteria were not met
- Performance exclusions (denominator exception/exclusions)
- Approved QCDR measures
  - QCDRs may submit up to 30 QCDR measures for CMS review and approval during the self-nomination period, if desired

4. Verify and maintain eligible clinician information:
- Signed verification of clinician names, contact information, services provided, costs charged to clinicians, measures, and specialty-specific measure sets (if applicable)
- Business agreement(s) with clinicians or groups who provide patient-specific data
  - Ensure the business associate agreement complies with HIPAA Privacy and Security Rules
  - Include disclosure of quality measure results and data on Medicare and non-Medicare beneficiaries
- Signed NPI-holder authorization to:
  - Submit results and data to CMS for MIPS
  - Release email address for feedback report distribution
- Attestations that all data and results are accurate and complete

5. Comply with:
- Any CMS request to review your submitted data
- Requirement to participate in mandatory QCDR kick-off meeting and monthly support calls
- A CMS-approved secure method for data submission
  - An XML file, for example

QCDR Submission

- If any data inaccuracies affect more than 3% of your total MIPS-eligible clinicians, you:

  - Will be placed on probation due to your low data quality rating

  - The QCDR qualified posting will be updated for the performance period to indicate you are on probation

- Data inaccuracies affecting more than 5% of your total MIPS-eligible clinicians may lead to you being precluded from participating in the following year.

Self-Nomination

- QCDRs, regardless of prior participation as a QCDR, must self-nominate to participate in future program years.

  - Having qualified as a QCDR does not automatically qualify the entity to participate in subsequent MIPS performance periods.

- For the 2018 performance period, CMS has established the self-nomination period from September 1 – November 1, 2017.

  - Please review the CY 2018 Quality Payment Program proposed and final rules for more information regarding requirements to be a QCDR in the 2018 MIPS performance period.

  - Visit the resources library of the [Quality Payment Program website](#) for additional information (when available) about QCDR participation for the 2018 MIPS performance period.

QCDR Measures - Harmonization

- Proposed QCDR measures that are similar will be requested to harmonize.

  - Measure harmonization between QCDRs provides eligible clinicians a bigger cohort for performance scoring and benchmarking

- Collaboration between QCDRs with similar measures is encouraged.

- QCDRs must decide who (which QCDR) would retain the measure as the measure owner and perform the required measure maintenance as needed.

- Please note that harmonized measures must be updated to align with the measure owner's measure specifications for each performance period. In addition, permission to use another QCDR's measure should be obtained by the time a QCDR self-nominates for each performance period.

Data Validation Plan Requirements

- Vendors must provide information on their process for data validation for individual MIPS eligible clinicians, groups and virtual groups within a data validation plan. Results of the executed data validation plan must be provided by May 31 of the year following the performance period.

- The following must be provided to fulfill the requirements of the Data Validation Plan:

  - Vendor Name

  - Benchmarking Capability (QCDRs only)

  - Process of verifying Quality Payment Program eligibility of MIPS eligible clinicians, groups, and virtual groups

  - Process of verifying accuracy of TIN/NPIs

  - Process of calculating reporting and performance rates

  - Process of verifying 2018 QPP/QCDR measures utilized for submission

  - Process used for completion of randomized audit

  - Process used for completion of detailed audit

Business Associate Agreement

- Enter into and maintain with its participating MIPS eligible clinicians an appropriate Business Associate agreement that provides for the qualified registry's or QCDR's receipt of patient-specific data from an individual MIPS eligible clinician, group or virtual group, as well as the qualified registry's or QCDR's disclosure of quality measure results and 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.

Resources

- Quality Payment Program Website

  - https://qpp.cms.gov/

- Federal Register

  - https://www.federalregister.gov/documents/2016/11/04/2016-25240/medicare-program-merit-based-incentive-payment-system-mips-and-alternative-payment-model-apm

- Quality Payment Program Listserv

  - https://public-dc2.govdelivery.com/accounts/USCMS/subscriber/new?topic_id=USCMS_520

- Qualified Registry/QCDR Support Calls (for vendors only)

  - Support calls will be held approximately once per month for approved vendors. The support calls address reporting requirements, steps for successful submission, and a question and answer session. Attendance to all support calls is mandatory, and is a requirement of participation.

Who to Contact for Assistance

- For Quality Payment Program and Merit-based Incentive Payment System Support, please contact the Quality Payment Program Service Center:

    - Phone Number: 1-866-288-8292 (TTY: 1-877-715-6222)
      Available: Monday – Friday, 8:00 AM – 8:00 PM Eastern Time

    - Email: QPP@cms.hhs.gov

Acronyms

- CEHRT – Certified Electronic Health Record Technology
- CMS – Centers for Medicare & Medicaid Services
- EHR – Electronic Health Record
- JSON - JavaScript Object Notation
- MACRA – Medicare Access and CHIP Reauthorization Act of 2015
- MIPS – Merit-based Incentive Payment System
- NPI – National Provider Identifier
- QCDR – Qualified Clinical Data Registry
- QRDA - Quality Reporting Document Architecture
- TIN – Tax Identification Number
- XML - Extensible Markup Language

2018 JIRA SELF-NOMINATION FORM DEMONSTRATION

QUESTION & ANSWER SESSION

ONLY QUESTIONS PERTAINING TO QCDRs, REGISTRIES, AND THE SELF NOMINATION PROCESS WILL BE ANSWERED DURING THIS SESSION