

Quality Payment PROGRAM

2019 Qualified Clinical Data Registry (QCDR) and Qualified Registry Participation Requirements



Participation Requirements

- When self-nominating to act as a Qualified Registry or QCDR, organizations attest to meeting the requirements set forth by the CY 2019 Physician Fee Schedule Proposed Rule for the Quality Payment Program. Failure to meet these requirements may affect your ability to participate as a Qualified Registry or QCDR for future MIPS performance periods.
- Qualified Registries or QCDRs that withdraw for any reason during the performance period will be precluded from participating as a Qualified Registry or QCDR for future MIPS performance periods.
- A Qualified Registry or QCDR and its system must be implemented and able to accept data should a clinician, group or virtual group wish to submit data on the approved MIPS quality measures and QCDR* measures by January 1, 2019.

*Note: QCDR Measures can only be supported by QCDRs.

Participation Requirements

- QCDR Specific Participation Requirements
 - The CY 2019 Physician Fee Schedule Proposed Rule for the Quality Payment Program has proposed that beginning with the 2019 MIPS performance period, the QCDR measure owner would be required to agree to enter into a license agreement with CMS permitting any approved QCDR to submit data on the QCDR measure (without modification) for purposes of MIPS, as a condition of a QCDR measure's approval for purposes of MIPS. Other QCDRs would be required to use the same CMS-assigned QCDR measure ID.
 - CMS has also proposed to reject a QCDR measure if a QCDR refuses to enter into such a license agreement. Another QCDR measure of similar clinical concept or topic may be approved in its place.

Participation Requirements

- **Participants:** You must have at least 25 participants actively participating within your Qualified Registry or QCDR by January 1, 2019. These participants are not required to use the Qualified Registry or QCDR to report data to CMS, but they must be submitting data to the Qualified Registry or QCDR for quality improvement.
- **All Payer Data:** Include quality measure results and data on Medicare and non-Medicare beneficiaries
- **Feedback Reports:** Provide performance category feedback at least four times a year for all MIPS eligible clinicians
 - If a dashboard is available to clinicians with real-time feedback, CMS asks that the Qualified Registry or QCDR emails the clinicians four times per year to remind them the feedback is available

Participation Requirements

- **Clinician Information:** Verify and maintain clinician information, business associate agreements and clinician consents.
 - Verification of clinician names, contact information, costs charged to clinicians, services provided, and quality measures (MIPS quality measures and/or QCDR measures) or specialty-specific measure sets (if applicable)
 - Business associate agreement(s) with clinicians or groups who provide patient-specific data to ensure the business associate agreement complies with HIPAA Privacy and Security Rules
 - Clinician consent given to the Qualified Registry or QCDR to submit results and data to CMS for MIPS
- **Certification Statement:** During the data submission period, you must certify that data submissions are true, accurate, and complete 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.

Support Calls



- **Support Call Attendance:** As communicated in the CY 2019 Physician Fee Schedule Proposed Rule for the Quality Payment Program and 2019 Qualified Registry and QCDR Fact Sheets, support call attendance is mandatory and more than one unexcused absence will result in the Qualified Registry or QCDR being placed on probation.
 - Each Qualified Registry or QCDR must have at least one representative in attendance on every support call. This applies to organizations that are supporting multiple Qualified Registries or QCDRs as one person in attendance will only count for one Qualified Registry or QCDR.
 - Support call attendance is tracked via WebEx. Upon joining the WebEx, Qualified Registries or QCDRs will be asked to provide the attendee's first name, last name and vendor name.

Support Calls



- Each Qualified Registry or QCDR must attend both the webinar and audio portion via computer or phone to receive credit for attending the support call.
- After self-nomination, the PIMMS MIPS Team maintains a distribution list that was developed based on contacts given during the JIRA self-nomination process. Additional contacts can be added to this distribution list at any time by submitting the request to Vendor Support Team. Please note that all Qualified Registries or QCDRs must have at least two different contacts on this distribution list.

Data Validation Plan

- **Data Validation Plan:** During self-nomination, Qualified Registries or QCDRs must provide information on their **process** for data validation for individual MIPS eligible clinicians, groups and virtual groups within a Data Validation Plan. You must provide the following to fulfill the requirements of the Data Validation Plan:
 - Name of Qualified Registry or QCDR
 - Benchmarking Capability (QCDR 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 that your system will only accept data (for purposes of MIPS) on 2019 MIPS Quality Measures and/or QCDR Measures (as applicable) during submission.
 - Process used for completion of randomized audit.
 - Process used for completion of detailed audit.

Data Validation Execution Report



- Within a Data Validation Execution Report, Qualified Registries or QCDRs must provide the results from implementing the Data Validation Plan submitted with the 2019 Self-Nomination.
 - The 2019 Data Validation Execution Report must be submitted by May 31, 2020.
 - The **results** for all of the below items should be addressed in the 2019 Data Validation Execution Report that is submitted to CMS.
 - Name of Qualified Registry or QCDR
 - Benchmarking capability (QCDR only)
 - Results of verifying eligibility of MIPS eligible clinicians and groups
 - Results of verifying accuracy of Taxpayer Identification Number (TIN)/National Provider Identifier (NPI)
 - Results of verifying 2019 MIPS quality measures and/or QCDR measures are utilized for submission
 - Results of calculating reporting and performance rates
 - Results for completion of randomized audit
 - Results for completion of detailed audit
 - Restating the details listed in your Data Validation Plan will not suffice for the Data Validation Execution Report requirement. The results of the validation must be included in the report. For example, what were the results you found when verifying eligibility of MIPS eligible clinicians and groups?

Data Inaccuracies



- CMS will evaluate each measure for data completeness and accuracy. Your organization will also attest that the data (Quality Measures, Improvement Activities, and Promoting Interoperability measures and objectives, if applicable) and results submitted are true, accurate and complete.
- If any data inaccuracies affect **more than 3%** of your total eligible clinicians, you:
 - Will be placed on probation due to your low data quality rating
 - The Qualified Registry or QCDR qualified posting will be updated for the performance year to indicate you are on probation
- Data inaccuracies that affect **more than 5%** of your total eligible clinicians may lead to you being precluded from participating in the following year.

Data Inaccuracies



- CMS will determine error rates calculated on data submitted to CMS for MIPS eligible clinicians. CMS will evaluate data inaccuracies including, but not limited to, TIN/NPI mismatches, formatting issues, calculation errors, and data audit discrepancies affecting in excess of three percent of the total number of MIPS eligible clinicians, groups or virtual groups submitted. Examples of such errors include:
 - TIN/NPI Issues – Incorrect Tax Identification Numbers (NPIs), Incorrect National Provider Identifiers (NPIs), Submission of Group NPIs
 - Formatting Issues – Submitting files with incorrect file formats, Submitting files with incorrect element formats, Not updating and resubmitting rejected files
 - Calculation Issues – Incorrect qualities for measure elements, Incorrect performance rates, Incorrect data completeness rates, Numerators larger than denominators
 - Data Audit Discrepancies – Vendor acknowledgement of data discrepancies found during data validation but not corrected in submissions, Vendor/clinician acknowledgement of data discrepancies found post submission from clinician feedback

Probation



- The CY 2019 Physician Fee Schedule Proposed Rule for the Quality Payment Program provides CMS the ability to place Qualified Registries or QCDRs on probation for failing to meet certain standards and/or participation requirements. These requirements include, but is not limited to the following:
 - Support Call Absences,
 - Delinquent Deliverables like the Data Validation Execution Report, Qualified Posting Review and Approval, QCDR Measure Specification Review Responses
 - Submission of False, Inaccurate or Incomplete Data.
- CMS may place the Qualified Registry or QCDR on probation for the current performance year and/or the subsequent performance year, as applicable.
- Qualified Registries or QCDRs that are placed on probation will be required to submit a corrective action plan to address any deficiencies or issues and prevent them from recurring. The corrective action plan must be received and accepted by us within 14 days from the date of the CMS probation notification. Failure to comply with the probation process may lead to the disqualification for the current and/or subsequent performance year.

Probation



- The Qualified Registry or QCDR Qualified Posting will be updated to reflect when a vendor is placed on probation and/or disqualified from participating as a Qualified Registry or QCDR.

QCDR Name	Contact Information	Website	Cost
Placed on Probation ABC QCDR	ABC QCDR Contact Information	ABC QCDR Website	Annual subscription of up to \$500 per clinician
Removed: No longer a vendor for 2018 XYZ QCDR	XYZQCDR Contact Information	XYZ QCDR Website	Annual subscription of up to \$500 per clinician

Future Proposals for QCDR Participation



- CY 2019 Physician Fee Schedule Proposed Rule for the Quality Payment Program has proposed to modify the definition of a QCDR beginning with the 2020 MIPS performance period. Specifically, a QCDR will be defined as an entity with clinical expertise in medicine and in quality measurement development that collects medical or clinical data on behalf of a MIPS eligible clinician for the purpose of patient and disease tracking to foster improvement in the quality of care provided to patients.
 - An entity that uses an external organization for purposes of data collection, calculation, or transmission may meet the definition of a QCDR as long as the entity has a signed, written agreement that specifically details the relationship and responsibilities of the entity with the external organization effective as of September 1 the year prior to the year for which the entity seeks to become a QCDR.
 - CMS expects entities without clinical expertise in medicine and quality measure development that want to become QCDRs to collaborate or align with entities with such expertise. Entities may seek to qualify as another type of third party intermediary, such as a qualified registry. Becoming a registry does not require the level of measure development expertise that is needed to be a QCDR that develops measures.
- Please review CY 2019 Physician Fee Schedule Proposed Rule for the Quality Payment Program for additional proposals related to QCDR participation.

Q&A Session



- To ask a question, please dial:

1-866-452-7887

Conference ID: 3588936

- Press *1 to be added to the question queue.
- You may also submit questions via the chat box.
- Speakers will answer as many questions as time allows.
- Ask most important questions first.