Hello, everyone. Thank you for joining today's 2019 MIPS Self-Nomination Webinar. CMS will provide an overview of the 2019 MIPS Self-Nomination process of vendors interested in becoming Qualified Clinical Data Registries, or QCDRs, and Qualified Registries for the Quality Payment Program, including a demonstration of the JIRA Self-Nomination form. After the webinar, CMS will take questions as time allows. Now, I will turn it over to Dr. Dan Green, Medical Officer from CMS.

Thank you. Good day, everybody. Welcome to today's webinar. Thank you all for joining. We're very pleased we have so many folks that are interested in potentially becoming one of our quality reporting entities for the Quality Payment Program. In just a second, Anastasia is gonna walk you guys through a tutorial about how to use the JIRA tool for the self-nomination process. And certainly, we will look forward to any questions you might have at the end of the presentation. Anastasia?

Thanks, Dr. Green. As Dr. Green said, my name is Anastasia Robben, and I'm with the PIMMS team. To start today, we will go ahead and go over some of the participation requirements that are required of you if you plan to participate as a 2019 Qualified Clinical Data Registry, also known as a QCDR, or a Qualified Registry.

We'll move on to the next slide, where we'll start discussing those participation requirements. So, when self-nominating to act as a Qualified Registry, or QCDR, organizations must attest to meeting the requirements that are set forth by the Calendar Year 2019 Physician Fee Schedule Proposed Rule for the Quality Payment Program. Failure to meet any of those requirements may affect the ability to participate as a Qualified Registry or QCDR for the upcoming or any future MIPS performance periods. Qualified Registries or QCDRs that withdraw for any reason mid-performance period will be precluded from participating as a Qualified Registry and QCDR in future MIPS performance periods. And 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. Please note that QCDR Measures can only be supported by QCDRs.

Next slide, please. In addition, we do have a couple of notes we want to make that are just specific to QCDRs here. So, the Calendar Year 2019 Physician Fee Schedule Proposed Rule for the Quality Payment Program did propose that beginning with the 2019 MIPS performance period, the QCDR measure owners are required to agree to enter into a license agreement with CMS, permitting any approved QCDRs to submit on the QCDR measure -- without modification, of course -- for purposes of MIPS as a condition of the QCDR measure's approval for purposes of MIPS. Other QCDRs would, of course, be required to use the same CMS QCDR measure ID. In addition, 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. Excuse me. As a reminder, this is proposed in the 2019 Proposed Rule.

Next slide, please. Now, these requirements here apply to both QCDR and Qualified Registry. So, if you are planning to self-nominate as either of those, you must have at least 25 participants actively participating within your Qualified Registry or QCDR by January 1, 2019. Those participants do

not necessarily need to be using your Registry or QCDR to report the data to CMS but must be submitting data to your Qualified Registry or QCDR for quality improvement. And this is an All Payer Data program, so as you're submitting data for the Quality Measure results, you will need to include information on both Medicare and non-Medicare beneficiaries, and you must, for feedback purposes, provide performance category feedback reports to your clinicians at least four times per year. If, for some reason, your organization has a dashboard that's readily available to the clinicians with real-time feedback, that's perfectly acceptable, but CMS still does ask that you e-mail each of the Qualified Registries or QCDRs that e-mails all of your clinicians at least four times per year to remind them that that feedback is available for them to access.

Next slide, please. Clinician information. Of course, as you're supporting your clients, you do need to verify and maintain all of their clinician information, have business associate agreements, and clinician consents on file. So, the verification of clinician information is just making sure that you have the accurate information for clinicians's names, contact information, the costs that are charged to those clinicians, the services you are providing, and any Quality Measures or specialty-specific measures, if applicable. For the business associate agreement, that is the legal business contract that you have with them, and it should of course include the agreement that complies with HIPAA privacy and security rules. Clinician consent, on the other hand, is something that's given by the clinicians to the Qualified Registries or the QCDRs to be able to submit the results and the data to CMS for purposes of MIPS. The Certification Statement is something that we collect during the submission period, and it is where you will attest to the fact that the data you submit to CMS is true, accurate, and complete to the best of your knowledge. If you become aware that any submitted information is not true, accurate, or complete, you will correct such information promptly and understand that knowingly omitting, misrepresenting, or falsifying any information within what you submit to CMS may be punished by criminal, civil, and administrative penalties, including fines, civil damages, and imprisonment.

Next slide, please. Support Call Attendance. So, the folks that do go through the self-nomination process are then included in our Support Call schedule. So, we do hold around one per month, and as communicated in the Calendar Year 2019 Physician Fee Schedule Proposed Rule for the Quality Payment Program, as well as the 2019 Qualified Registry and QCDR Fact Sheets that are posted on the resource library, 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 one representative in attendance on every support call, and this applies to organizations that may be supporting multiple Registries or QCDRs, as one person in attendance will count for one vendor. Support call attendance is tracked via WebEx, so upon joining the WebExes, we'll ask that the Qualified Registries or QCDRs enter their first name, last name, and vendor name into that WebEx.

Next slide, please. Additional information regarding the support calls is that each Qualified Registry or QCDR must attend both a webinar and the audio portion of those calls. You can, of course, use the computer or phone to connect audio-wise, but you do need to be on the webinar and audio to receive credit for attending. And after the self-nomination process completes, the PIMMS team maintains the distribution list that's developed based on the contacts that you provide in the JIRA self-nomination process,

and we'll go through that portion here in a little bit, but if for some reason you forget anybody on that list, additional contacts can be added to the distribution at any time by submitting the request to our Vendor Support Team, and we'll go ahead and provide that information, as well, during the demonstration. Please note that all Qualified Registries and QCDRs must have at least two different contacts on the distribution list. Just in case someone's out of the office, we do need a backup. Of course, while we require at least two, we'd certainly take as many as you'd like us to have on that list.

Next slide, please. The Data Validation Plan is also something that is due with the self-nomination process. During that self-nomination, the Qualified Registries or QCDRs must provide information on the process for the data validation for individual MIPS eligible clinicians, groups, and virtual groups. You must provide all of the following information within the Data Validation Plan. You will provide your name of the Qualified Registry or QCDR; Benchmarking Capability, if you're planning to self-nominate as a QCDR; the process for verifying the Quality Payment Program eligibility of the MIPS eligible clinicians, groups, or virtual groups you're intending to support; the process for verifying accuracy of the TIN-NPIs; process for calculating reporting and performance rates; process for verifying that your system will only accept data for the purposes of MIPS on 2019 MIPS Quality Measures and/or QCDR Measures, as applicable, during submission; and process used for the completion of the randomized audit; process used for the completion of the detailed audit.

We'll move onto the next slide, please. After you implement that data validation plan, and it's accepted during self-nomination, we have what's called the Data Validation Execution Report, and this basically details the implementation or results you found from the Data Validation Plan that we just went over. So, by May 31 of 2020, we would be expecting a 2019 Data Validation Execution Report from all of those Qualified Registries and QCDRs. The results for all of the items we just referenced will need to be included in that, so of course the name of your vendor; if you're a QCDR, the benchmarking capability; results of verifying eligibility; the result of verifying the TIN-NPI numbers; the results of verifying that 2019 MIPS Quality Measures and/or approved QCDR measures were utilized; the results for calculating, reporting, and performance rates; the results for the completion of the randomized audit; and the results for the completion of the detailed audit. One thing to note -- that restating or rewording the details that were initially included in the Data Validation Plan will not suffice for the actual report requirements. You must actually include the results of the validation in that report. For example, one of the questions, of course, above is "What were the results that you found when you were verifying the eligibility of MIPS-eligible clinicians and groups?" So, if you didn't find any issues, that's great. If you found 2% issues, we'd like to know that information.

Next slide, please. Data Inaccuracies is our next slide here. So, as stated in the rules, CMS does evaluate the data you submit, including each measure, for data completeness and accuracy. In addition, as we discussed earlier, you do attest that your data for all of these -- Quality, Improvement Activities, and Promoting Interoperability -- are true, accurate, and complete. If for some reason inaccuracies are noted in the system, CMS does have the option to place your organization or your vendor on probation due to low data quality rating. The Qualified Registry or QCDR qualified posting would be updated for that performance period to indicate that you are

probation. If some for some reason the data inaccuracies affect more than 5%, CMS actually has the ability to preclude you from participating the following the year. So, we definitely want to make sure that all vendors are validating all of the data they are submitting to the system. Of course, it would behoove you to validate that data prior to submitting it to CMS, that way you could definitely correct the inaccuracies and then resubmit, so the data within is accurate. But if for some reason, inaccuracies are found after the fact, this is something that could potentially happen.

Moving on the next slide. Some of the errors that we will look for are included on this slide, so CMS will look for items like TIN/NPI mismatches; formatting issues; calculation errors; data audit discrepancies that are affecting in excess of 3% of total number of eligible clinicians, groups, or virtual groups you are submitting for. Some examples of these include incorrect tax identification numbers, NPIs, submission of group NPIs. Formatting issues could be things like submitting files with incorrect file formats, submitting files with incorrect element formats, not updating and resubmitting rejected files and so on. Calculation issue examples include incorrect qualities for measure elements, incorrect performance rates, incorrect data completeness rates, numerators that are larger than denominators, and so on. And then data audit discrepancies -- this is actually items that the vendors may bring to our attention. So, vendor acknowledgement of data discrepancies found during the data validation but not corrected during submission, vendor/clinician acknowledgement of data discrepancies found post-submission from clinician feedback. So, as I referenced before, this is similar to what we would ask you for in your execution report, but if found later, you could certainly send it in to us, as well. And, of course, we appreciate the honesty when the vendors do bring that information forward to us. So, if you do find anything, please definitely notify CMS.

Moving onto the next slide. We will talk about the probation process just a little bit further. So, the Calendar Year 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 requirements, including the standards and participating requirements. These requirements include but of course are not limited to Support Call absences, delinquent deliverables -- like the Data Validation Execution Report, when we ask you to review the Qualified Posting Information for approval, as well as QCDR Measure Specifications and so on. In addition, it could be due to submission of false, inaccurate, or incomplete data. CMS may place the Qualified Registry or QCDR on probation for the first performance year, but can also elect to extend that into subsequent performance periods if that is applicable. Qualified Registries or QCDRs that are put on probation will be required to submit a corrective action plan to address any deficiencies or issues and prevent from reoccurring in the future. That corrective action plan must be received and accepted by us with 14 days from the date of the CMS probation notification, and failure to comply with the probation process may lead to disqualification for the current and/or subsequent years.

Next slide, please. As I referenced previously, if you are placed on probation, or for some reason precluded from participating in the future, we do update our Qualified Posting that's available on the CMS website to indicate that information. That way, clinicians are able to know that. So, this is just a sample of what it kind of looks like. You'll see in the first row here, ABC QCDR is just indicated here as being placed on probation, and then the vendor below indicates that they've been removed, they're no longer

a vendor for 2018. So, if for some reason the requirements are not met, you could be placed on probation and/or disqualified from participating as a vendor, and your Qualified Posting entry would look similar to this.

Moving on to the next slide. And this again is just related to the QCDR, so if you plan to self-nominate as a QCDR, this would be applicable to you. So, for the Calendar Year 2019 Physician Fee Schedule Proposed Rule for the Quality Payment Program, it's proposed to modify the definition of the 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 MIPS eligible clinicians 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 the 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 this relationship and responsibilities of the entity with the external organization, effective as of Septembers 1st of the year prior to the year for which the entity seeks to become a QCDR. This means that CMS expects entities without clinical expertise in medicine or Quality Measure development that want to become a QCDR will collaborate or align with entities that do have such expertise. Entities may seek to qualify as another type of third party intermediary, if they don't, 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. And for additional information regarding this, you're more than welcome to review the Calendar Year 2019 Physician Fee Schedule Proposed Rule for the Quality Payment Program, and then you'll see the additional information related to that proposal, as well as others that are related to the QCDR participation. With that being said, that's the end of the presentation.

We'll go ahead and go over to the live demo here in just a moment as I get the permission to be able to share my screen here. Okay, and it should be popping up here.

Okay, to start, I do want to just point out that on the CMS website, if you go to the 2018 Resource Library, down towards the bottom, we do have a 2019 Self-Nomination Toolkit for QCDRs & Registries that is available. Within this .zip file, you will find a lot of helpful resources that will help you in knowing if you are able to self-nominate or if you do meet the requirements.

So, to begin here, I'll go ahead and go through these lists. This first file here is the QCDR Measure Development Work Group, a previous call that we had, and this is the materials for that. If you plan on self-nominating as a QCDR and doing any measure development, this is a helpful resource for you. The next item here is the 2019 Self-Nomination QCDR Measures Submission Template. If you are planning to submit any QCDR measures for 2019, this is the file that you will need to enter all of that information on, and we will have a demo of that after a bit during this call. The next file here is the Self-Nomination User Guide, which is something that would be very helpful to have up and referencing as you are entering the self-nomination information. It walks you through step by step of what needs to occur and helpful information as to kind of what we need in those fields. But, again, we'll do the demo here in just a short bit, as well. These next two items, you'll see, it's our fact sheets, self-nomination fact sheets. We have one for the QCDR, one of the Qualified Registry. Those contain the actual performance

participation requirements for each vendor type, some of which we've already gone over, but there is more detail in these fact sheets. So, if you plan to self-nominate, please take a look at those to make sure you do meet the requirements. And the final item here is a 2019 QCDR Measure Development Handbook, another helpful resource if you are planning to develop any QCDR measures for the 2019 performance period.

Jumping right into the demo now. You will go ahead and navigate to the JIRA link. You can either locate this information by using the user guide I just reference, or there will be a listserv going out announcing the opening the self-nomination window, which will also contain some of that information.

So, you will log in to your JIRA account. If for some reason, you don't have a JIRA account, you can just simply create your own and sign up for an account. Create your own username, your own password, and whatnot. Once you do that, you will be able to log in to the system. When you log in to the system, you will go ahead and enter here the System Dashboard. On this System Dashboard, you'll see at the top of the screen here, there is a "Create" button, and that's what you'll hit, and it'll pop up. This one right here is defaulted, but there is other options if yours defaults to something else. The 2019 QPP Self-Nomination Form is what you'd be self-nominating as for a 2019 QCDR or Qualified Registry self-nomination. So, you'll want to select that option and then select whichever type of vendor you plan to self-nominate as. Underneath the issue type, you'll see either QCDR or Registry available.

With that being said, the forms for both of those vendor types are very similar. There are a couple elements that are different in the QCDR form, so we're going to go ahead and use the QCDR form for the purposes of today's demo, but as you're walking through it, or if you're self-nominating for a Registry, you may find just a little bit of differences. Again, we'll note that. If for some reason you notice anything, you're more than welcome to reference that user guide, as well, as it details the difference between the QCDR and the Registry self-nomination.

In the meantime, I do have a sample self-nomination I'm just going to use for this purposes. So, similar to what I had done before, if I were to hit "Create," this is exactly what it would look like. The beginning here, you'll see, for Qualified Registry, we have a lot of the requirement information I just went over with you guys throughout the presentation. Of course, we encourage you to review all of this to make sure that you do meet the requirements that you have to in order to participate as a qualified vendor. So, once you do, make sure that you have met all of those requirements. You can certainly go into the self-nomination form and start populating the information. Again, this is a sample here, so I've pre-populated a lot of this information for the purposes of this demo. So, to start here, we'll start on the actual self-nomination tab. This is where we'll collect information like your organization name and your demographic information. The organization name is the first field on here, and I do want to stress the importance of making sure that all of your spelling is accurate as you type through here. The JIRA form will ask you to correct some spelling. Like, for example, you can see the QCDR here is not a word in the library. Of course, it's an acronym. So, it may assist you with spelling certain words. There may be other words that it may not catch, so please pay attention to the information you're typing in to make sure that everything is spelled correctly. The main importance of that is everything with this little plus sign here will be used to populate our initial version of our

qualified posting, so the resource that will be posted on the CMS website with your organization name in it. So, if for some reason you misspell your organization name or type an acronym in wrong or something to that effect, all of this information is just directly pulled from JIRA. So, it is very important that you populate this form accurately.

Moving on, then. You'll want to put your organization name in there, and you'll want to also indicate if you have a different QCDR name. We know some organizations have one name and have developed a separate name for their QCDR. So, we would like to know both of those.

And then you have your address information, populate your website, your telephone number. The application title can just be the name of your organization. This vendor organization staff box right here is actually an element where you can type in folks from your organization, so anybody that may have a JIRA account, if you are able to find them in the system, you could certainly add them in here, and then they would be able to also see the self-nomination. If you don't populate anybody in this field, only the person that's creating the self-nomination will have access to this self-nomination form. So, feel free to add as many folks in there from your organization as you would like to help with maintaining this self-nomination form.

In addition, we ask you to let us know if you're a new or existing QCDR. So, if you've participated for 2017 or 2018, of course, you could put "Existing." On the other hand, if for some reason, you're a new vendor or you're an existing vendor but creating, of course, a new collaboration or whatnot, you can select "New."

We have vendor type field where we just kind of want to know what type of vendor you are going to be. This is specific to QCDR, so you can let us know if you're a specialty, society, collaborative, or whatnot. There's an element here in case you selected "Other" to let us know what type of Health IT vendor you are. Then, with these two fields, we ask what years you've participated in MIPS or PQRS.

And then we have a couple elements here that are requesting you to let us know what type of aliases or other names that you've used in the past while participating with CMS. We do know throughout the years folks merge with other organizations, change their name, or whatnot. So, any type of prior names that may help us identify you, any acronyms you may use for your organization would be very beneficial to us here.

Here's another that's specific to the QCDR field. We do ask that you indicate what your QCDR's specialty is related to, should you have one. So, for example, we have a lot of specialty societies that self-nominate as QCDRs. If you're cardiology related, you would obviously enter "cardiology" here.

This one is also specific to the QCDR self-nomination form. So, if you're self-nominating to become a QCDR, we do ask that you meet the definition of a QCDR, and in this field, we ask you to tell us how you meet the definition of a QCDR, and simply kind of copying and pasting the definition of a QCDR and say, "We do this" is not sufficient. We really do need you to detail out how exactly you meet that definition.

The next item here is the plan to risk adjust -- so yes or no. And then this item here -- cost information to be displayed on the qualified posting. This is representing what you charge to your clinicians, your group practices that you may support throughout the year. How much do you charge them? Any type of frequency information is definitely helpful with this, so similar to what I have here. The cost is $100 per year, per clinician. That way, it's an accurate representation of what folks are going to be charged as they're reaching out to you.

The next item here is the services included in that cost. So, what items do you provide to your clients when they're paying that cost?

The next element right here is until what date would your QCDR accept new clients? So, I just populated here December 31, 2018. What's that? A drop date for the last date you can accept any new clients, keeping in mind that January 1, 2019 through December 31, 2019 is the performance period, and the submission period is January 2, 2020 through March 31, 2020. So, when is the last time that you can submit data or collect data -- I'm sorry, when's the last time you can accept new clients from your vendor?

The next couple items here, this first one is data collection method. This is "How do you collect data from your clients?" And you can select as many as you'd like -- claims, electronic health record, practice management system, Registry, web-based tool, or, of course, if you have other options, you can certainly type that in the other field, as well.

What performance categories are you planning to report for? Of course, as a vendor, you are required to support Quality Measures, but you have the option of also supporting Improvement Activities or Promoting Interoperability. Reporting options you intend to support -- so individual eligible clinicians, groups, and/or virtual groups are options there.

This next section was referenced earlier in the presentation. This is where we collect the contact information for your organization. So, we request that you provide us a program contact, a clinical contact, and a technical contact as you're submitting these self-nominations. As I mentioned earlier, we do require at least two different contacts, but we will take as many as you want, and I'll show you in a minute where you can add in extra contacts. We of course just would prefer to have at least one backup that we're able to contact. That way, we know everyone's available. We know folks do go on vacation or get sick or whatnot, so we want to make sure that we have somebody from your organization to make sure we can get ahold of them. So, please enter all of that information as appropriate. When I mentioned you can enter additional e-mail addresses for contact information, that's this field that's right here. You can certainly use this field right here to add as many additional e-mail addresses as you would like to provide to us. So, again, we need at least two. If for some reason, you would like to send us five, six, or seven, or however many you'd like to include in that distribution list, we'll take all of the ones you'd like to give us. And that distribution list, again, will be used to send out appointments for the support calls for the qualified vendors, as well as other communications that CMS does send out.

The next section of this self-nomination form here is the QCDR participation requirements. I'm going to briefly just kind of scroll through this, as we did go through all of these requirements in more depth for the presentation. And we come down right past here to submit our name here. It's just saying

that you as the submitter of the self-nomination is attesting to meet all of these requirements, and you'll see here we have the self-attestation. So, as you enter your name here, you're attesting to the fact that you'll meet those requirements, which include attending all mandatory support calls inclusive of the kickoff meeting; attesting that you've had previous experience collecting and transmitting data through a Registry-type platform and can meet the submission needs from a technical perspective; attesting that you will have your approved QCDR, of course, and/or Qualified Registry up and running and able to accept data from the eligible clinicians, groups, or virtual groups starting on January 1; and attesting that you understand the QCDR qualification criteria and program requirements and will meet all those requirements. And the last one here is that you understand that failing to meet any of the qualification criteria or requirements will result in your organization either being placed on probation or precluded from participation in MIPS for a qualified vendor in the future performance period. That takes us to the end of the self-nomination tab.

So, I'm going to scroll all the way back up to the top here. Once that's all completed, you can see there's many other tabs here that you can start populating. We have the Improvement Activities Supported, we have Promoting Interoperability Measures Supported, Individual Measures, and Measures eCQMs. All four of those tabs are processed very similarly, so I just kind of want to reference those as a whole, but we will briefly touch on all of them. But all of the drop-downs within these will have the option of "None," "All," and then also list all of the individual measures or objectives underneath the drop-downs in them. With that being said, you could of course select the "None" button, the "All," or you can use your "Control" button or your "Shift" button to select multiple versions of the measure. So, you can certainly elect to support none of the Improvement Activities, you can do all of them, or you can scroll through the lists and just decide to pick a handful of them as you're going through. And as I mentioned, that process is very much the same for all of these. So, for Promoting Interoperability, you'll see the same thing. You have the "None" option, "All," and then you have the individual measure options and objective underneath it. Individual Measures tab is the same. You do have "None," you do have "All," and then you can select as many as you'd like within that particular field, and of course eCQMs is the same. You have the option to hit "None," "All Available," or individually select all of those.

One thing I do want you to know is that if for some reason you do have none selected on one of these, when you've completed your self-nomination, if there's nothing selected on one of these tabs, you won't initially see that on your actual self-nomination. That tab will not appear. But I'll show you after a little bit how you can edit to make sure that all of your elections are selected appropriately. Moving on to the Data Validation Plan tab, now, we already referenced this part of it through the presentation we went over, but this is where you'll actually enter those processes that you have in place. So, as I mentioned previously, you will have the name of the QCDR, the test QCDR self-nomination as I put here. You'll indicate your benchmarking capability, how you're planning to verify the MIPS eligibility, how you're planning to verify the accuracy of the TIN/NPIs, how you'll verify the accuracy of the calculations for your performance and reporting rates, and then how you will verify the 2019 Quality Measures or QCDR measures, and then the details of how you're planning to complete your randomized and you detailed audits.

While you're doing that, the one thing I do want you to know is we have put a lot of helpful information underneath each of these sections in the Data Validation Plan. So, if you need more information about what we're looking for on those particular tabs or questions, please note those little hex fields there, as they do contain a lot of helpful information as to what we're looking for, for example, with the randomized audit. We specifically detail within this section exactly what we need. For example, we asked for a sample size of 3% of your TIN/NPIs to be submitted to CMS by the QCDR. Same applies to the Qualified Registries. With a minimum of 10 NPIs and a maximum of 50, and then at least 25% of the TIN/NPI patients with a minimum sample of five or a maximum of 50 patients. So, as you can see, we've got a lot of helpful information underneath each of those boxes, so please pay note to those as you're populating them to make sure you are getting enough information in there.

The last item on this tab is the ability to audit. So, that is one requirement that CMS does include in the rule. If for some reason CMS requests an audit of the data you have, then of course you must oblige to that requirement or request. So, we do need you to select "Yes" on that to make sure that you are meeting the requirements. And once you've populated all those fields, you can go ahead and save your self-nomination. And what I meant before was you'll see all of your tabs for your self-nomination form right here. As you can see, you do not see the Improvement Activities, and I did that on purpose because we don't have anything at this point in time selected on the Improvement Activities tab so you don't see that tab here. If for some reason when you're populating your self-nomination and you see a missing tab that you're planning to support something of, then you can just hit the "Edit" button right here. And then navigate to the appropriate tab. Once you select something on that tab -- I'm just going to select "All" for this point in time -- you'll see that once I save my self-nomination again, it populates here. So, if for some reason you're not planning to support Improvement Activities or one of those particular performance categories or whatnot, it would be correct for you not to see that particular tab. But if, for some reason, you forgot to populate that tab initially or you want to go back and change your elections on any of the information you did put into your self-nomination, you're more than welcome to hit this "Edit" button and go back in and edit it.

With that being said, I also want to note that as we process these self-nominations, the PIMMS team, as well as CMS, will go in here and use this comment box at times, and we will communicate. So, there might be something that's completely missing on your form, or we request an update or something to that effect, we will use this comment box to elect to use that for communication here. So, I'll just show you a simple sample here. So, as you can tell, I used my @ button here, and then I typed in team members' names to just flag that particular person, as that's who I may be wanting to talk to, and then I type in my message, and then you can hit "Add." So, you guys can certainly leave comments for us using this mechanism, or we'll certainly leave comments for you, as well. If your self-nomination is in the status it is right now, you're still working on populating that information, and for some reason we take a quick look at it and say, "Hey, this is a helpful hint, you know, you may need a little bit more information in your Data Validation Plan," we may use this comment box to give you that helpful feedback to make sure that your self-nomination can be accepted when you submit it to CMS. So, please keep an eye out here on this comment box. The one thing to note is that there may be a delay in the notifications that JIRA sends. So, with every update to your self-nomination, you typically get

an e-mail to indicate that change, as well as when a comment's made, you will also get an e-mail related to that comment. Unfortunately, at times, the JIRA notifications that send those e-mails get delayed. So, we would encourage you that if you are in the middle of the self-nomination period, just keep an eye on the comment box, or keep an eye on your self-nomination box to make sure there is nothing that we've been needing from you.

After you've gotten done populating all of these particular forms here, you can certainly click here to submit to CMS, although, I do have just a couple more things I do want to mention here before we do so. So, when you click to CMS, though, that will give us the indication that we are able to review. It's been submitted, it's ready for a complete review, and we'll let you know if it's been approved or not. With that being said, as you're self-nominating, I just want to note -- I've already showed you where it's available on the website, but if for some reason you'd also like to use those resources that we have available for you on the website, we've also included a Resources tab on your self-nomination form here. So, you can certainly access the fact sheets, the user guides, the QCDR Measure Handbook, and whatnot within the JIRA form itself. They're helpful there. You can access them here or you can obviously go to the 2018 Resources Tab that I referenced earlier.

To move on to a specific part that is only related to the QCDRs and, of course, the QCDR Measure Template -- So, we will go over that just for a second, but the QCDR measures, if you wish to self-nomination as a QCDR and support QCDR measures this year, then we do ask that you populate what's known as a QCDR measure template. With that being said, you would upload it to the Uploads Tab right here and just add that Excel file. You would just browse as you typically would, and then you'd update it, and it would populate right into your self-nomination form.

So, with that being said, that's the last portion of my demo, but I'm going to turn the call over the Jocelyn Meyer from the PIMMS team to actually walk through that QCDR Measure Template further with you.

All right. Thank you, Anastasia. So, this is new for this year. We will not be utilizing the tickets as we've done in previous self-nominations. So, when you go to self-nominate, you'll want to use self-nominate. You'll want to use the provided measure template, and when you open it up, it will come to this cover page, which includes a lot of the instructions. If you get stumped on any of the required fields, please refer back to this tab, and it can provide addition details for you.

We'll move into the actual template. So, first, I'll go back over to the left here. In these first couple columns, these are utilized to show any missing information or the complete status. So, you'll see here, we're still missing a couple of the required fields. So, they're listed here, and it's designated as "Incomplete." So, as you fill in those required fields, this list will actually get short until everything is completed and the completion status will change to "Complete."

In this next one, Column C, this is really for you as QCDRs, when self-nominating, to tell our team if it's ready for the PIMMS team to start their review process. So, once you designate that it's ready for PIMMS review, we ask that you don't make any additional changes. So, really, that's just a communication opportunity for you if you have a portion of your measures ready for review but you still have a couple lingering measures, you can

submit them early and then work on those last few, and we can get the review process started earlier.

So, the next column is the measure ID. This will have an ID populated if is a current QCDR measure. If it's a new measure, we just ask that you put "N/A," and the measures team will actually assign an ID if the measure is approved or provisionally approved.

In this next section, it really has to deal with the actual measure specification content. So, first, you'll provide a measure title. Just make sure that it clearly articulates the intent and the patient population of the measure, and, again, what is the measure description? We ask that it is easy to read and interpret and it defines the patient population and the quality action. Next, the denominator defines the actual patient population, includes age range, diagnosis, anything that tells us what the intended population would be. Numerator is the quality action, or what we're actually measuring. Next are the three instances where a patient may be removed. So, denominator exclusions would remove the patient from the population so this actually would not be included in your measure. And then next to it are the denominator exceptions and exclusions. Exceptions are included in the patient population, but you exercise clinical judgement to remove them without holding the eligible clinician accountable. So, these are typically classified into medical, patient, and system reasons. And lastly is your numerator exclusions. So, this is also included in patient population, and these are more appropriate for inverse and non-proportional measures.

Moving on to Column L, please indicate that the data source will be used to extract the measure's data. If additional details are required based on this selection, Column M will turn red and require additional details. So, for instance, if you were to select "Other," we would ask that you would define what that "Other" meant.

Moving onto Column N. If you had any 2018 QCDR measures that had been provisionally approved, pending performance data, we ask that you provide the data in this column, including the average performance rates, the performance range, the number of eligible clinicians and cases. In addition, if it's a new measure and you don't have any data to supply -- any data that is cited from a study or anything that can support a gap is always appreciated in our review process. So, we'd ask that you include it in this column.

Next is "Is there any variance in the measure rate?" If "Yes," indicate the variance within your Registry or another source. If it's another source, please cite it. A higher standard deviation or variance may indicate erratic data collection, or it might indicate an opportunity for performance improvement. This question is really trying to determine what the cause is for the wide range of performance data. We're just asking that QCDRs assess the performance data to determine if the variance can be attributed to either workflow or method of instruction or if it really is representing an opportunity for performance improvement.

All right, next is QCDR measure type. Now, we aren't talking process or outcome in this section. This is really determining if it is a new QCDR measure, an existing QCDR measure, with changes or without changes. So, you'll want to select one of these types.

And then the next few questions is to determine whether or not that changes the intent of the measure, if we can use previous performance data to establish a benchmark, and whatnot. So, for Column R, S, T, we request that you identify how it actually differs from the 2018 measure. S and T evaluate whether the measure can be benchmarked to previous performance data. If unable, please specify and provide details of why that can't be compared from year to year. If it's a new measure, obviously it wouldn't apply.

The next is Column U. It indicates the ownership of the measure. You will have three actions to choose from. Either yes, permission was obtained, no, or the measure is co-owned between multiple entities. And then if using another QCDR measure, please indicate the documentation -- that there is documentation -- or agreement to use the measure.

All right, moving on to Column W. The NQF IDs. This should only be included if the measure is identical to the NQF version. We have had quite a few submissions in previous self-nominations that do include NQF IDs but differ substantially. So, they may apply to a different setting, have different patient populations, revise the quality actions. So, we ask that you only include the NQF ID if it truly is the NQF version.

Okay, the next is the designation of high priority. It is defined as appropriate use, communication and care coordination, efficiency. Any outcomes would be considered high priority. Patient safety and person or caregiver-centered experience and outcome. And then proposed for 2019 -- this would include any opioid-related measures. So, if by chance this designation is not finalized, we would have to reassess once the final rule is published. So, that is the reason for that asterisk right there, just because it is just a proposal at this point.

Next is the measure type. You just want to select the appropriate measure type between efficiency, intermediate outcome, outcome, patient engagement, and patient-reported outcomes, processes, and structures. We do ask that if you do select that it is one of the outcomes, that it actually meets the definition. If you have questions on that, we'll definitely be happy to help.

All right, next -- No change from previous self-nominations. It's the NQF domain. You just want to select an appropriate NQF domain that the measure addresses. So, if it's the community population health, effective clinical care, efficiency, patient safety, or person- or caregiver-centered outcomes, and, again, the communication and care coordination.

Next is new for this year. You will need to identify an appropriate meaningful measure area. There is a drop-down that lists all of the different options. If you require any clarification or definition of these areas, this can be found on the CMS website. And we also ask that you provide a rationale as to why you chose the meaningful measure area.

Okay, moving onto the analytics portion of this template. We'll go with the inverse. So, the first column, AD, we need you to specify whether or not the measure is inverse. This is definitely an important area to get accurate. If the measure is erroneous, please specify it as inverse. You may actually be rewarding an eligible clinician for not completing the intended quality action but actually penalizing those clinicians that are compliant. So, we just ask that you make sure that this is accurate when submitting. And, again, if you have questions, we're happy to help.

The next three are the determination of if it's a proportional, continuous variable, or ratio. A proportional measure is a traditional measure. It's most prevalent in the MIPS measures. They have a traditional denominator and numerator. Next is your continuous variable. These could be your average times, your report turnaround time, things like that that really don't have a true denominator and numerator. And then next is your ratio measure. These are your measures that may assess the actual versus the expected. And if you do choose one of the continuous or ratio measures, we do ask that you provide a range. One of the things that we see a lot of is there's confusion between continuous variable and proportional, since the proportional measures do produce a percentage. I think people believe since it is a percentage and it's zero to 100 that they think that it's continuous. So, just be mindful of that.

Okay, and then the next is the number of performance rates to be calculated and submitted. We ask that you enter the number of rates and then provide the name for each of those performance rates. So, a brief description is helpful.

And then the next column, you will have the opportunity to select which rate should be used for the overall. You can select 1 through 10, and then we also have the weighted average and the simple average to choose from.

Okay, so next we have risk adjustments. You'll either yes or no. We've seen a little bit of confusion in this area, too, just by thinking if they risk adjust or risk stratify, it's equivalent, and, actually, risk adjustment is the statistical process used to identify and adjust for differences in the patient characteristics or risk factors prior to examining to the outcome of care. Whereas, risk stratification, it separates the reporting outcomes for the different groups, but it is unadjustable by a risk model. So, just be sure that you truly are risk-adjusting the measure prior to selecting "Yes" there. And then if you do say yes, you'll just need to indicate which score's risk-adjusted.

This next portion is requesting any testing data that you may have. As a QCDR, you're not required at this point to have a fully tested measure, but if you do have completed testing, we ask that you include it in this column. And we do evaluate that all measures are based on current clinical guidelines, so we ask you to include any citations and how this measure was derived. And you'll see that it's red here. As soon as you place text in there, that red will remove, and you'll see it disappear from your list of missing required fields.

These last two columns, as you remember, if you are a current QCDR, we had requested after the fact a specialty and category for the publication file. So, we're asking for this to be designated up front. So, you'll see that you have a space here. You can provide multiple specialties in this section if your measure applies to a number of those.

And then moving on, the preferred measure published clinical category. So, this is gonna be more your patient population. So, in this instance, it'd be for diabetes. And you may see that the team harmonizes those just a little. For instance, if you say "anesthesia" and were actually using the terminology "anesthesiology," you might see a little bit of harmonization of terminology just so that it's easier to filter in the publication.

The next two are not required, but if your measure has any funding sources, we ask that you cite it here, and then any specific organizational staff that you have as the point of contact, you can include here so we can just reach out to the user directly instead of reaching out to the whole team.

And these next three or four columns, they're really going to be utilized for the communication back and forth between CMS and PIMMS and with the QCDRs to discuss any additional information that we may require, and we'll provide approval statuses.

And that is all I have for the template. We do ask that you review the measure specifications in its entirety to make sure it's accurate -- there's proper spelling, grammar. This will be a published documentation, so we just want it to have good quality, so we just ask that those aspects are covered. And I will turn it back to Anastasia.

Thanks, Jocelyn. And, actually, that concludes the demo part of today's call. So, I believe that we can open it up for the question-and-answer session. I guess first, Dr. Green or Sophia from CMS, do either you have any other comments before we do?

Not from me.

My only comment would be for any new entities looking to become QCDRs. I highly encouraged that you take a look at our posting of existing QCDR measures prior to submitting yours just because we are looking to streamline our measures in the program and not have duplicative one-off measures. So, it would be a helpful resource for you to also reference that documentation, as well, as you look to develop QCDR measures. But that's it from me, Anastasia.

Thanks, Sophia. Deirdre, I believe we can open it up for question-and-answer, if you want to provide that information.

At this time, if you would like to ask a question via the phone, you may press "star" then the number one on your telephone keypad. Again, that's "star" then the number one to ask an audio question.

Thank you. With that being said, we do have some questions in the Q&A box, so we'll go ahead and address some of those as we're waiting for any audio questions to come through. First question -- "If QCDRs are required a proposed rule to allow other QCDRs to use their custom measure specifications, can we submit QCDR measures from another vendor during this window from September 1st to November 1st without having a contract or written agreement from the other QCDR?"

So, the answer is no because it's just a proposal at this point. What will happen, if we do finalize this, is we will post a list of measures when we would otherwise normally post a list of measures if this were not the policy, and the QCDRs will have a period of time, probably -- don't hold me to this -- but probably roughly three weeks, give or take a week, to notify us that they wish to be able to report QCDRs measure number six.

So, at the time of self-nomination, from September to November, other QCDRs, you wouldn't know what measures are approved yet. We're still doing our review and approval process. So, really, until the measure decisions have been made and finalized by January 1 of the performance period is when,

really, we could provide you guys with the list of finalized or approved measures for the performance period, from which we would give you guys a period of time, like Dr. Green said, to choose from, and then we would work with our product team to make sure your additional measures are programmed as appropriate. And that's our plan if we decide to finalize this policy, but we won't know until the final rule's posted.

Thanks, Dr. Green and Sophia. Prior to jumping into the next question, I've seen a couple questions regarding the materials for today's call, and I just wanted to note to the larger group that Deirdre has posted a comment in the chat function within the WebEx that the slide deck for today's call, as well as a recording of today's session will be posted on the CMS website, and she includes the link within there. So, you're more than welcome to reference that.

Next question, though -- Related to the new element that was recently added to the self-nomination for the date to accept new clients, they indicate that we of course support monitoring and managing quality January 1st. However, we often have clients come to us mid-performance year. We can technically implement them, but what's CMS's response in this case? Would you support them accepting clients after the date they provide?

So, yes, as we indicated through this form, we want you guys to indicate what day you'd accept new clients up until because we just want to make that transparent to any clinicians that are looking to use a QCDR. Now, if you decide later on that you can extend that period of time and you could accept clients after that date that you listed in your qualified posting, that's fine by us, but we will not be updating your qualified posting to indicate that extension. We ask that you do that through your marketing to spread word that you're still accepting new clients. What we would not allow is for you to mark a certain date -- like, let's say April of 2019 -- and then reject clients prior to that date. So, if you say April 31, 2019 is the last date you'd accept clients for 2019, but then when clients reach out to you in March, and you reject them because you no longer have the capacity to accept them, that would not be allowed from our point of view.

Thanks, Sophia. And just a note for all of the audience today, I do see some questions that are being submitted in the chat box in addition to the Q&A. If moving forward, we can just make sure that everybody enters that in the Q&A box, that would be great, and I'll try and hit some of those that are coming in in the chat box, as well. One question from the chat box that we received -- "If we submit for a group, do we need a single consent on behalf of the group or a consent for each member within the group?" Dr. Green, correct me if I'm wrong on this, but I believe for a group practice, a consent from the practice administrator or somebody who has the privilege to give the consent is okay, but if you're reporting on behalf of individual eligible clinicians, each individual eligible clinician needs to provide the consent. Is that correct, Dr. Green?

It is correct.

Thank you. Let's see, next question. What is the purpose of the licensees for the QCDR measures? Will CMS own the measures?

No, we won't and we don't own most measures that are in the program. Most of the measures are either NCQA or PCPI, albeit, we have several other specialty societies. I'm talking about in the MIPS program itself. So,

specialty societies -- we have Minnesota... In any case, similar to that, we will not own these QCDR measures, either. It will be owned by the measure developer, steward for the measure. But there will be a license that you would be granting CMS for use as a condition of using it in the program whereby other QCDRs without charge can use the same unadultered measure -- I should say unaltered measure, maybe.

Thank you. Deirdre, just to check in, are there any audio questions?

We have a question from Brent Sweeney.

Hello?

Hello.

Hello?

Hi, we can hear you.

Oh, okay. I wasn't sure. I just actually submitted one of my questions on the Q&A box. It was regarding the licensure. Is there any guideline to what another QCDR can charge for its fees for licensure of their measures?

Yeah. Nothing.

So, what Dr. Green was saying is as a condition of QCDR measure approval, the QCDR would enter into a licensed user agreement with CMS. So, there would not be any charge to CMS for having your measure in our program. Again, QCDRs are not required to submit QCDR measures. It's a voluntary thing that many QCDRs do to provide specialists with more measures to choose from from MIPS. In order for us to have more meaningful and less duplicative measures in the program, and in order to increase the cohort of people reporting on these measures, we want to have them readily available to other QCDRs as well, so we would not expect a charge for that.

Okay. So, they can't refuse a request to use one of their measures, but there has to be some license agreement.

Well, we believe there likely has to be some license agreement with CMS similar to what we have with all the measures that are broadly available to anyone, I'm gonna say, through any reporting option, so through any reporting option that the measure can be reported. So, in other words, like the 270 measures that are in MIPS, CMS is granted permission, basically, to use these measures in the program, and any Registry or QCDR, or if it's specified for an EHR, they can all use those specs without paying a royalty, if you will, to the measure owner or steward. But, I mean, you know, this is one thing that's been considered. Other things that have been considered would require, in an effort to raise the bar on the QCDR measures, as well as reduce duplicative measures. Another option would be that any measure that's submitted by a QCDR go through the MUC MAP process, which would be a much lengthier, more costly and difficult process. So, we really don't want to do that, if we can help it. And this was something that we thought would solve the problem of duplicative measures but be less onerous, if you will, for the QCDRs.

Sure. Okay. If you don't mind, specifically speaking, my company does business intelligence for emergency medical. So, that's what we're

targeting. So, of the 270 measures, I believe there's 23 on the CMS measures that apply to emergency, but there's another organization out there -- I won't mention any names -- that has created quite a few emergency medicine specific measures, and I'm confused about the process. Say they're measuring the length of stay for a particular type of patient in the Emergency Department, and I want to report on that measure. I'm confused as to -- They can't charge me to use that measure, but I somehow have to get them to license it to me?

So, again, this is only a proposal, so we can't really talk about it too much. We have to see if we're gonna finalize it, in which case the details would be fleshed out. But at a high level and preliminarily, what we would envision is, again, they would license CMS just like the AMA had licensed previously many of their measures to us to be reported in the program by individuals's Registries, QCDRs. These folks would be licensing to us, or to the program, the ability for other QCDRs only -- not Registries, but QCDRs -- to use that measure without charge. Again, they would have to be notified, meaning the measure owner, that QCDR 123 is planning to use their measure. QCDR 123, of course, could not change the measure in any way.

I see. That makes perfect sense. Thank you. Do you mind if I ask one more really quick question?

No.

There was something on Slide 8, and I may have just misunderstood. Is there a chance you could flip back to Slide 8? It was regarding specifying that your Registry is only going to contain data related to QPP and MIPS. What does that mean?

Anastasia?

I'm sorry, did you say that was in the slides or on the demo?

It was on Slide 8.

On Slide 8. Here I have a copy of it here.

The note I took.

Slide 8 is about the Data Validation Plan, so I bet it's just in reference that while your Registry can collect data for, I don't know, say you support 1,000 clinicians, but you only send 500 of them to CMS for purposes of MIPS reporting, then we really only want to see the information for what you're validating. We only require you to validate that data that you're sending in to CMS.

For purposes of MIPS, that is.

Right.

Okay. I must have misunderstood. Thank you very much.

If you look through the slide deck -- of course, as we mentioned, the slide deck will be posted at that link that's available in the chat box. If you take a look at the slide deck and have additional questions regarding any of the content, after this call, you're more than welcome to submit any

questions to the Quality Payment Program Service Center, and we'd be happy to answer those questions offline, as well, if you develop more.

Thank you very much.

Absolutely. I think we'll take another question from the chat box real quick here. We have someone asking if the QCDR measure template is available?

Yes. It's posted in the QPP Resource Library. It's actually under the 2018 page. It's currently -- It's going to be moved to the 2019 page when it comes into existence, but it's in the 2018 resource page under the 2019 Self-Nomination Took Kit, probably towards the bottom of the page. In that .zip file, there is the QCDR measure template.

Thank you. And it looks like we've got a couple questions in the Q&A box, as well as the chat box, requesting the difference between the randomized audit and the detailed audit.

So, the randomized audit -- So, basically, to get to the detailed audit, you would need to find something in the randomized audit that would prompt a detailed audit. So, the randomize audit, I think -- I don't remember the percentage that we have that we require for you to audit, but there's a random sample that we ask that you randomly audit chart-wise, and then from that audit, if you find any actual errors, that should prompt you to do the detailed audit. So, the detailed audit would only come about only if you find some inaccuracies or errors through your randomized audit, if that makes sense.

Thanks, Sophia. And just as a quick reminder, the information that Sophia pretty much just said is in the self-nomination form right underneath the field you need to enter that information into. So, I would highly encourage you to take a look at that text that we've included in there.

Next question -- "When does CMS expect the data audits to be executed?" She says, "I know the submission is March after the close of the performance year."

So, I think we, again, leave that to the vendors to figure out what works best. Obviously, we know it's a busy time during submission. We just note, and we will constantly remind approved vendors on our support calls that your Data Validation Execution Report is due by the end of May of the following year. So, we've seen that some vendors have done, preemptively, prior to submission, some data validation, and they've caught some errors that they were able to fix prior to submissions, which is highly encourageable. If that's feasible for you to do, then we highly encourage that, but, you know, planning-wise, we do expect the report by the end of May, so we leave it to you as the vendor to decide as to timing, as to when you want to do your Data Validation Execution.

Thank you. Next question -- "Can we list multiple specialties for our QCDR?" I think that's in reference to the new fields we've added on the QCDR self-nomination, asking for the specialty.

Yeah. I think that's fine. The reason why we added that, I think it’s helpful for potential clients for you guys and for clinicians and groups to understand QCDRs are supporting what specialties or what Registries are supporting what specialties, and if it's interdisciplinary, it would be good

to list which ones specifically you are supporting to kind of give them more information.

Thank you. Next question -- "For Column L in the QCDR measure template, if we are a clinical Registry getting data extracted from an EHR, do we type the Registry or EHR?"

So, if you're extracting from an EHR, you'd want to indicate the "EHR" option. I will say, if you have a measure that is e-specified -- So, say, for instance, you have a MIPS measure and you've e-specified it, please include that in some sort of note to our team so that we don't look at it and say, "Well, this is duplicative of a current MIPS measure." So that information is definitely helpful.

Thank you. And, Deirdre, do we have any more questions?

There are no additional audio questions at this time.

Okay. We'll keep going, then, in the Q&A box. Next question -- "Will the measure feedback from the PIMMS team and the QCDR measure template be located in the JIRA comments, and then will JIRA comments be transferred into the template as needed?"

So, when we're reviewing the measure, and if we have any additional questions or have any clarification on any aspect of your measure, we will provide comments within JIRA. Those last green columns are really gonna be utilized for decisions and any additional clarification. If you provided clarification, we'll put that in the document, as well, but we're gonna leverage the comments asked in JIRA.

Thank you.

Let's see, there is a question in here that asks, "Will we be notified with comments?"

Through e-mail?

I'm thinking -- That could go several different ways, but the comments in JIRA related to what I said, when anybody -- any of our team or any of the vendor team -- adds comments in there, you should get an e-mail notification, but those notifications can be delayed due to JIRA, unfortunately, so we do ask that you keep an eye out there on those comments just in case you're not getting the e-mail. You know, go out there and check every once in a while just to make sure nothing needs to be done. On the other hand, when I read it in a different way, I was thinking maybe notified if we were being accepted or something to that affect. The status of your self-nomination will change as it moves through the cycle. So, it'll be in one status when you're creating it. It'll be another status when you're in the review process, and then when we approve it, it'll change to another status. But any of those changes, similar to how you'll be e-mailed when you get comments, any changes to the self-nomination form, including the status change, will also send you an e-mail. But, again, you might want to just keep an eye out there on your self-nomination to make sure you're aware of whatever's going on just in case your notifications are delayed.

Let's see. Next question -- "Is there a time frame to adjust measures selected by a Registry after the close of self-nomination period in order to

allow the review of the final rule? When is the final date to remove measures or add measures?"

So, with regard to when you self-nominate as a Registry or a QCDR, you need to have at least a minimum of six measures in order to be approved. Those entities that submit a self-nom. with less than six measures, we reach out to them and they clarify that they don't wish to support any additional measures, we have rejected those because we want to provide clinicians with a sole source of reporting all their Quality, should they choose to do so. So, in a sense, for your self-nom., you have to report at least six measures. Those six measures will be included in your qualified posting. If you support any additional measures and you include that in your self-nom., that will also be included. If you're approved, you will get a draft version of your qualified posting, which will include all of your supported measures. During that draft review process, you will have the opportunity to add and remove measures at that point, but once that posting is final, you cannot remove measures. What we do after the fact is allow for QCDRs and Registries to add amidst Quality measures after the qualified posting is posted. So, we do know that it takes some time to look through the specs, and that's done typically in the November-December time frame. So, we do allow for a few weeks, a period of time where we can have Registries and QCDRs add additional measures, but we do not allow them to remove existing measures on their qualified posting. So, there is a chance to do that. If this policy with the QCDR measures is finalized, the same policy would apply with the QCDR measures, but, again, that's all dependent on what is finalized in the rule. But with regards to Registries and measures, that's the process we follow. So, the only time you have to remove measures is up until you approve your qualified posting.

Thanks, Sophia. Let's see. The next question -- "Related to that new field that was added regarding the data, it says, "We have different cut-off dates, one for our EHR integration clients and one for the manual clients." They're wondering if the date field can be modified to allow them to specify that rather than just including one date.

So, what I would do is if you have instances where you have different dates for different types, just list one date, but then in your comments, specify the breakdown. And as a part of the qualified posting data abstraction that the PIMMS team does as they create the qualified postings, they do read all the comments, so I'm sure it's something that they'll track too, capture it. And you will have a chance to review your qualified posting to make sure that's accurately captured.

Thank you. Deirdre, is there any questions?

There are no additional audio questions at this time.

Okay. We're getting to the end of our questions here, but next question -- "If our Registry accepts data through a web-based tool, how do we indicate that in the self-nomination form?"

Isn't there a field? Sorry, go ahead.

There sure is. I was just scrolling because I still have my demo up. There is an element within the self-nomination tab that will allow you to check the box of web-based tools. So, I think we've got "EHR," "Web-Based Tools,"

"Practice Management System," and I think "Other" are the options out there. So, you can just select a web-based tool in that aspect.

Moving on to the next question. "If you're planning on supporting four mixed measures and hopefully have two QCDR measures approved, will those combine for the six, or does it have to be four non-QCDR measures?"

No, for QCDR, you have the option of mixing, so it could be either six QCDR measures or six mixed Quality measures, or a mix of mixed Quality measures and QCDR measures to get you to that minimum of six.

Thank you. It looks like we've got a lot of duplicate questions here. So, I just want to see if there's any additional ones that we haven't touched on. I think you've touched on this just a little bit, but since it was asked a couple times, and this will be our last question today -- The question is -- "It is very expensive to develop and test a high-quality measure. Thus, what will be the incentive to develop measures in the future? There can be no licensing fee for other QCDRs to use them."

Yeah, so, this I think speaks more to a policy question, which, again, we're not able to answer because we're in rule-making. The other stuff is more logistics of how things would work, and, again, I think, while nothing's been settled, first, if the proposal will be finalized, but even if it is, no definite logistics have been developed. So, my comments earlier were more of a guess as to how we would implement if it's finalized. But in terms of the policy itself, I can't really comment on that during rule-making.

Thanks, Dr. Green. So, I think we can go ahead and close up the calls. As a reminder for what I said earlier, if you do have additional questions that were not address on the call, we'd be more than happy to answer those at the Quality Payment Program Service Center. Any self-nomination questions, or even the QCDR measure template questions come up to the PIMMS team. So, Jocelyn, Hector, myself, and the folks who many of you guys have worked with in the past will be answering those questions. So, feel free to submit those through the Quality Payment Program. Dr. Green, Sophia, do you have any closing remarks?

No, I just want to thank everybody for dialing in today and for the good questions. Sophia?

And just a reminder, for those that are not existing QCDRs or Registries -- well, actually, for everyone -- we are gonna do a self-nomination office hours in September, so that will be a chance, if you have a question as you create your application, to come and attend. It's an informal discussion that you can come and just ask questions at, and we will be there to help out as much as we can.

All right, guys, thanks for dialing in. Have a good day and good rest of your summer, nice holiday weekend.

Thank you. This concludes today's conference. You may now disconnect. Speakers, please hold the line.