Information in this document is a summary only, and readers are requested to refer to official CMS materials and the MACRA Final Rule itself for specific and complete requirements.

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Audience and purpose

This document is intended for registry steward organizations that are or plan to become Qualified Clinical Data Registries (QCDRs), and that are interested in articulating the value of QCDRs in the CMS Quality Payment Program (QPP). CMS has published educational materials on the QPP, including QCDR requirements. This document is not intended to duplicate CMS publications and content, but rather to summarize the role of the QCDR in the QPP and the benefits of participation. This document may be helpful to registry stewards as they create their own QCDR participant-facing educational collateral.
Introduction

The QCDR program\(^1\) was established by CMS in the 2013 Medicare Physician Fee Schedule (PFS) Final Rule\(^2\), and was subsequently updated in the 2014 PFS Final Rule\(^3\) and again in the Medicare Access and CHIP Reauthorization Act of 2015 (MACRA) Final Rule.\(^4\) CMS has additionally released educational resources on the requirements for organizations to become a QCDR and for eligible professionals (EPs) to participate in one. These resources consist of documents and content on the CMS QCDR web pages,\(^1\) on the new QPP website,\(^5\) and on other CMS web pages including its FAQ page.\(^6\)

Beginning in 2008, the CMS Qualified Registry option allowed dedicated, “pass-through” data systems to submit quality measures to CMS as part of the CMS Physician Quality Reporting System (PQRS) program, which has been superseded by the QPP but is still active for the 2017 performance year.\(^7\) In 2014 the QCDR program allowed organizations operating clinical registries to participate in PQRS. QCDRs are organizational entities that self-nominate and pass a CMS qualification process.\(^8\) These entities typically develop clinical data registries that meet the requirements to become a QCDR. An intent of the QCDR program is to promote the increased use of existing infrastructure, including registries and performance measures when possible. QCDRs provide performance measurement and submission of measure results and other data to CMS, as well as feedback to participants and for improving the performance of the health care delivery system and patient health outcomes.

MACRA offers an expanded role for QCDRs in the QPP as compared to previous programs – PQRS, the EHR Incentive Program (Meaningful Use) and the Value-based Payment Modifier. The QPP consolidates these legacy programs and adds additional elements such as improvement activities. In the QPP, QCDRs have the opportunity to offer EPs a single way of participating in all of the components of the QPP.

The QPP has two tracks: The Merit-based Incentive Payment System (MIPS) and Alternative Payment Models (APMs). MIPS participation offers eligible clinicians the opportunity to earn a performance-based payment adjustment. Taking part in APMs may qualify eligible clinicians for a Medicare incentive payment for their participation. Clinicians eligible for participation (EPs) in the 2017 QPP include physicians, physician assistants, nurse practitioners, clinical nurse specialists and certified registered nurse anesthetists.

The initial QPP program year is 2017, and the QPP will repeat each calendar year with subsequent annual performance periods for the life of the program. Depending on annual legislation and CMS rulemaking, QPP program requirements may change from year to year.

MIPS track

MIPS includes four components – Quality, Advancing Care Information, Improvement Activities and Cost. Eligible clinicians who do not participate in QPP for 2017 will receive a negative 4% payment adjustment in 2019. By submitting a minimum amount of 2017 data, such as by participating in a QCDR,
eligible clinicians can avoid this negative adjustment. Submitting at least 90 days of 2017 data will provide the potential for earning a neutral or small positive payment adjustment. Submitting the full year 2017 data provides the potential for earning a moderate positive payment adjustment in 2019. The size of the payment adjustment will also depend on the eligible clinician’s quality results. Additionally, some APMs – called MIPS APMs, qualify EPs for Improvement Activities credit.9

APMs track

MACRA defines APMs as "...payment approaches, developed in partnership with the clinician community, that provide added incentives to deliver high-quality and cost-efficient care. APMs can apply to a specific clinical condition, a care episode, or a population."10 APMs in the QPP can either be MIPS APMs or Advanced APMs. Advanced APMs are defined as APMS that meet all three of the following criteria:

1. The APM must require participants to use CEHRT;
2. The APM must provide for payment for covered professional services based on quality measures comparable to those in the quality performance category under MIPS and;
3. The APM must either require that participating APM Entities bear risk for monetary losses of a more than nominal amount under the APM, or be a Medical Home Model expanded under section 1115A(c) of the Social Security Act.a,11

EPs who participate in an Advanced APM are not subject to the MIPS reporting requirements and payment adjustment.

MACRA defines MIPS APMs as APMs that, "...by virtue of their structure, will not meet statutory requirements to be categorized as advanced APMs." The rule further states that, "...eligible clinicians in these APMs...will be subject to MIPS reporting requirements and the MIPS payment adjustment."12 CMS will assign MIPS scores to EPs in the Improvement Activity performance category for participating in MIPS APMs. For 2017, participation in the Oncology Care Model MIPS APM credits EPs for participation in 19 of the 41 Improvement Activities, including the four below on p.5 that leverage the QCDR.13 Eligible clinicians who receive 25% of Medicare covered professional services or see 20% of their Medicare patients through an APM in 2017 will earn a 5% Medicare incentive payment in 2019. Participation in some APMs may be possible through QCDR participation. Visit the official CMS QPP website for a list of APMs for the current QPP program year.14

Performance cycle

The QPP currently operates on a two-year interval between performance (measurement) periods and when payment is adjusted. For example, data are submitted in 2017 for that year’s performance. The deadline for submitting 2017 performance data is March 31, 2018. Medicare will provide feedback

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aSection 1115A of the Social Security Act created the Center for Medicare and Medicaid Innovation (CMMI), and subsection 1115A(c) allows for the expansion of models evaluated through CMMI.

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about performance after it analyzes the data, and clinicians will receive payment adjustments for 2017 performance in 2019. More information about the QPP, including complete requirements and available CMS guidance, is available on the QPP website.\textsuperscript{14}

**Requirements**

The CMS publication “Qualified Clinical Data Registry (QCDR) Tips: How to Self-Nominate and Submit Data” presents the program requirements in an easy-to-use descriptive and checklist format.\textsuperscript{15} The following content summarizes the requirements and characteristics of the QPP as it applies to QCDRs.

**MIPS Quality**

The MIPS Quality component is a replacement for PQRS. Participation in a QCDR qualifies eligible clinicians for the quality component of the MIPS performance score. In 2017 this component carries a 60\% weight towards EPs’ MIPS score.\textsuperscript{15}

The 2017 QCDR quality measure submission requirements\textsuperscript{16} are:

- Report on six quality measures, including one outcome measure. If an outcome measure is not available, at least one other high priority measure. High priority measures are defined as: outcome, appropriate use, patient safety, efficiency, care coordination or patient experience
- Give the entire distribution of measure results by decile, if available
- Up to 30 non-MIPS quality measures may also be reported if desired

Every program year CMS will release a list of QCDRs. The 2016 QCDR list\textsuperscript{1} includes QCDR and non-QCDR measures (equivalent conceptually to MIPS measures and non-MIPS measures beginning in 2017). EPs who participate in a QCDR and comply with QCDR measure reporting requirements for the applicable program year, will comply with the MIPS reporting requirements and qualify for any MIPS payment adjustment including positive adjustments. At the time of publication, the 2017 QCDR list had not yet been released by CMS.
MIPS Improvement Activities

Improvement Activities is a new category for the QPP; there is no equivalent in previous programs. Participation in some improvement activities are facilitated through QCDR participation. In 2017, QCDR participation qualifies eligible clinicians for the improvement activities component of the MIPS performance score for the following improvement activities:

<table>
<thead>
<tr>
<th>Improvement Activity ID</th>
<th>Subcategory name</th>
<th>Brief description</th>
</tr>
</thead>
<tbody>
<tr>
<td>IA_PM_7</td>
<td>Population Management</td>
<td>Use a QCDR to generate feedback reports summarizing local practice patterns and treatment outcomes, including for vulnerable populations</td>
</tr>
<tr>
<td>IA_PM_10</td>
<td>Population Management</td>
<td>Participate in a QCDR, clinical data registry or other registries, and use QCDR data for quality improvement</td>
</tr>
<tr>
<td>IA_CC_6</td>
<td>Care Coordination</td>
<td>Participate in a QCDR, demonstrating performance of activities that promote the use of standard practices, tools and processes for quality improvement</td>
</tr>
<tr>
<td>IA_BE_9</td>
<td>Beneficiary Engagement</td>
<td>Use of QCDR patient experience data to inform and advance improvements in beneficiary engagement</td>
</tr>
</tbody>
</table>

The above is not a comprehensive list; there may be other improvement activities for which participation is facilitated via the QCDR. Communications collateral could for example recommend that registry users “check with your QCDR” for a list of eligible improvement activities. Overall, improvement activities contribute 15% toward EP’s MIPS score.

MIPS Advancing Care Information

The MIPS Advancing Care Information (ACI) category replaces Meaningful Use. The MIPS Clinical Data Registry Reporting measure asks EPs to attest YES to being in active engagement to submit data to a clinical data registry. In addition, CMS finalized a 5% bonus for reporting to one or more public health or clinical data registries, including QCDRs, beyond the immunization registry reporting measure. ACI counts for 25% of EP’s MIPS score.

MIPS Cost

The Cost category replaces VM. No data submission is required for 2017 as this category score is calculated from adjudicated claims data. For 2017, Cost will not count towards EP’s MIPS score but it will begin to be counted in 2018.
APMs

APM entities are defined as entities that participate in an APM or payment arrangement with CMS or another payer, respectively, through a direct agreement with CMS or the other payer, or through federal or state law or regulation. For the purposes of participating in the QPP, there are three types of APMs: MIPS APMs, APMs and Other Payer APMs. EPs who participate in MIPS APMs through a registry will receive performance feedback in the MIPS quality category through that registry. APMs are those specifically defined and made available for use in each QPP program year. Other Payer APMs are arrangements with non-Medicare payers that can count toward becoming QPs.

Beginning in 2019, if an eligible clinician participates in an APM, that eligible clinician may become a Qualified Participant (QP). QPs are excluded from MIPS. For 2021 and later, eligible clinicians may become QPs through a combination of participation in APMs and Other Payer APMs.

Quality measures on which the APM bases payment must include at least one of the following types of measures, provided that they have an evidence-based focus, are reliable, and are valid:

- Any MIPS measure
- Quality measures endorsed by a consensus-based entity
- Quality measures developed under section 1848(s) of the Act
- Quality measures submitted in response to the MIPS Call for Quality Measures
- Any other quality measures that CMS determines to have an evidence-based focus and be reliable and valid e.g., NQF-endorsed measures or non-MIPS QCDR measures.

Performance feedback

For the 2017 performance year, CMS supports the QCDR as a method for providing feedback to clinicians as to their performance on the MIPS quality component. In future program years it is anticipated that CMS will allow QCDRs to provide feedback for the other MIPS components as well.

Overview of MIPS Scoring

MIPS scores will be calculated for EPs based on the four MIPS categories with weights as described in the sections above. For the 2017 program, the MIPS Cost category carries a weight of zero. EPs who become QPs by virtue of their participation in APMs may not be subject to MIPS in any payment adjustment. Each program year, CMS will collect data from QCDRs as well as through other participation data submission options that it makes available, and calculate each EPs scoring and determine payment adjustment, to be reflected in CMS payment in the calendar year two years after the performance year e.g., 2017 performance will be used to adjust payment in 2019.

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References

10. MACRA Final Rule, p.77008
11. MACRA Final Rule, p.77013
12. MACRA Final Rule, p.77016
16. MACRA Final Rule, p.77414
18. MACRA Final Rule, p.77402
19. MACRA Final Rule, p.77400