2018 Quality Payment Program (QPP): Self-Nomination User Guide for Qualified Clinical Data Registries (QCDRs) & Qualified Registries

[September 2017]



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Introduction

Purpose

The 2018 Self-Nomination User Guide helps you, potential Qualified Registry and Qualified Clinical Data Registry (QCDR) vendors, self-nominate to qualify for the 2018 performance period of the Merit-based Incentive Payment System (MIPS) program. You'll find step-by-step instructions to complete a self-nomination form and what you need to fill out and submit a completed application for our review.

Background

If you want to participate in MIPS for the 2018 performance period as a Qualified Registry and/or QCDR, you can find the self-nomination application in the <u>JIRA</u> web-based tool.

The Qualified Registry application has these tabs:

- **Field** You can find background information about the self-nomination process, deadlines, and requirements.
- 2018 Qualified Registry Self-Nomination You have to enter your demographic and contact information, data collection methods, reporting options, performance categories, and services supported. Required fields are marked with an asterisk (*).
- Individual measures You can pick the individual measures you'll support for the 2018 MIPS performance period.
- **QPP- Electronic Clinical Quality Measures (eCQMs)** You can say which eCQMs you support for the 2018 performance period.
- 2018 Qualified Registry Data Validation Plan You have to tell us how you'll validate the data submitted for 2018 performance period. Required fields are marked with an asterisk (*).

You have to complete all of these tabs to successfully submit your self-nomination.

The 2018 Qualified Registry Self-nomination fact sheet has more information about what's needed to participate as a Qualified Registry.



The QCDR application has these tabs:

- **Field** You can find background information about the self-nomination process, deadlines, and requirements.
- 2018 QCDR self-nomination You have to enter your demographic and contact information, data collection methods, reporting options, performance categories, and services supported. Required fields are marked with an asterisk (*).
- Individual measures You can pick the individual measures you'll support for the 2018 MIPS performance period.
- **QPP-Electronic Clinical Quality Measures (eCQMs)** You can say which eCQMs you support for the 2018 performance period.
- **2018 QCDR Data Validation Plan** You have to tell us how you'll validate the data submitted for 2018 performance period.
- Uploads You can upload how you'll benchmark, as well as your QCDR measures, and/or data validation plan. If you decide to upload your QCDR measures, use the QCDR measure template.
- QCDR subtasks If you're a QCDR, you can submit your own measures for us to consider (optional).

You have to complete all of these tabs to successfully submit your self-nomination.

The 2018 QCDR Self-nomination fact sheet has more information about what's needed to participate as a QCDR.

For 2018, you have to submit your complete self-nomination statement (including measures to be supported and the data validation plan) by 5:00 p.m. Eastern Time (ET) on November 1, 2017. We have to receive acceptable versions of all your deliverables by the deadline to consider you for the qualification process. If you intend on participating in MIPS as a qualified registry and QCDR, you have to complete and submit a self-nomination form for each vendor type for the 2018 performance period.

Our goal in keeping to the posted deadlines is to post timely lists of qualified vendors for eligible clinicians who select a Qualified Registry or QCDR to submit their Quality Payment Program data.

If you don't meet the requirements of participation, you might be put on probation and/or might not be able to participate as a qualified vendor now or in future program years.

You can find out more about the MIPS 2018 performance period on the <u>Quality Payment</u> <u>Program website</u>.



Accessing the JIRA system

Sign up for a JIRA account

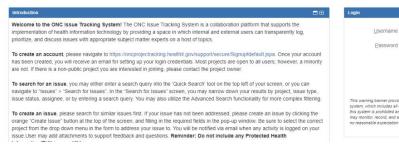
If you don't have a user account, you'll need to make one.

4 steps for making a JIRA user account:

- 1. Go to <u>JIRA</u>.
- 2. Click on Create an Account.

System Dashboard

🗘 Tools 🗸



3. Fill in the fields on the Sign up screen.

Email	E.g. charlie@atlassian.com
Full name*	Your full name
Username*	Desired username
Password*	Password
	Please enter the word as shown below
	juthes

Bemember m

Log In Ca

Not a member? Sign up

ount

ounts

orage media attached to this system. This system is provided for Gov ult in disciplinary action and/or civil and criminal penalties. At any tim



4. Click the **Sign up** button to make your account.

Once your account is made, you'll get a confirmation that looks like this:

You have	successfully signed up. If you forget y	our password, you can have it
emailed to	you.	
ere to log	12	

Log in to JIRA

Two steps to log in to JIRA:

1. Enter your Username and Password; then click the Log in button.

Login	
<u>U</u> sername	
Password	
	<u>R</u> emember my login on this computer
	Not a member? Sign up for an account.
	Log In Can't access your account?

If you check the **Remember my login on this computer** check box, you'll automatically stay logged in to JIRA on the browser and computer you're using, but your session won't be saved. So, your last search, current project, etc. won't be saved even though you'll stay logged in.

2. If you haven't changed your JIRA home page, the <u>dashboard</u> will be shown. If you have changed it, the <u>JIRA home page</u> you chose will be shown instead.

Tips for self-nominating

Here are tips to help you get ready to self-nominate:

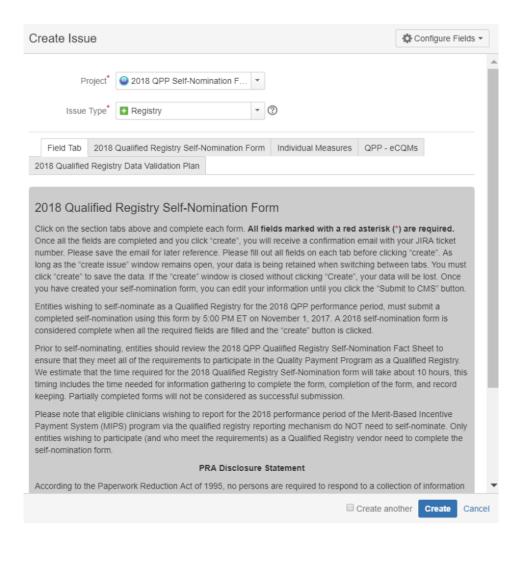
- Enter into and maintain an appropriate Business Associate Agreement with your participating MIPS eligible clinicians. The Business Associate Agreement has to:
 - Meet the requirements of the Health Insurance Portability and Accountability Act of 1996 (HIPAA) Privacy and Security Rules.
 - Provides for your receipt of patient-specific data from an individual MIPS eligible clinician or group.
 - Provide for your disclosure of quality measure results and numerator and denominator data or patient specific data on Medicare and non-Medicare beneficiaries for your MIPS eligible clinicians and groups.
- Use the JIRA self-nomination form. We won't accept emailed self-nomination deliverables.
- Get your self-nomination, measure information, and data validation plan together before you try to self-nominate.
- Know that it'll take about an average of 10 hours to self-nominate, including the time to look at the instructions, search existing data resources, get your data together, and complete and review the self-nomination form.
- Be aware that the system will lock after 5 hours.
- Look for the required fields, which are marked with a red asterisk (*).
- Don't click Create until after you've finished all the required fields of all the tabs. You won't be able to successfully submit your application unless you've finished all the required fields. Once you've submitted your application, you can go back and make edits until 5:00 p.m. ET on November 1, 2017. You won't be able to edit your submission after 5:00 p.m. ET on November 1, 2017.
- Leave comments in the **Comment** section whenever you review or modify your application. You can use the Comment section to explain any updates that have been applied to the selfnomination and/or to let us know about any changes to the QCDR measures. See "Modifying a JIRA ticket and populating the QCDR measures" sections of this User Guide for more information.



Creating a JIRA self-nomination

How to create a JIRA self-nomination

- 1. Click Create Issue.
- 2. Pick the 2018 Quality Payment Program Self-Nomination Form under the **Project** drop down list.





 Pick your entity type under the Issue Type drop down – Qualified Registry or QCDR. Make sure you've picked the right vendor type. If you don't, it will affect your application. If you'd like to self-nominate to become a QCDR and Registry, you have to submit an application for each vendor type.

Create Issue	Configure Fields -
Project* 2018 QPP Self-Nomination F	
Issue Type* • Registry • @	
Field Tab 2018 Qualified Registry Self-Nomination Form Individual Measures	s QPP - eCQMs
2018 Qualified Registry Data Validation Plan	
Click on the section tabs above and complete each form. All fields marked with a re Once all the fields are completed and you click "create", you will receive a confirmation	
2018 Qualified Registry Self-Nomination Form	
number. Please save the email for later reference. Please fill out all fields on each tat long as the "create issue" window remains open, your data is being retained when sw click "create" to save the data. If the "create" window is closed without clicking "Creat	vitching between tabs. You must
you have created your self-nomination form, you can edit your information until you cl	
Entities wishing to self-nominate as a Qualified Registry for the 2018 QPP performan completed self-nomination using this form by 5:00 PM ET on November 1, 2017. A 20 considered complete when all the required fields are filled and the "create" button is c	018 self-nomination form is
Prior to self-nominating, entities should review the 2018 QPP Qualified Registry Self-	IICKEU.
ensure that they meet all of the requirements to participate in the Quality Payment Pro We estimate that the time required for the 2018 Qualified Registry Self-Nomination fo timing includes the time needed for information gathering to complete the form, comp keeping. Partially completed forms will not be considered as successful submission.	Nomination Fact Sheet to ogram as a Qualified Registry. rm will take about 10 hours, this
We estimate that the time required for the 2018 Qualified Registry Self-Nomination fo timing includes the time needed for information gathering to complete the form, comp	Nomination Fact Sheet to ogram as a Qualified Registry. rm will take about 10 hours, this letion of the form, and record of the Merit-Based Incentive IOT need to self-nominate. Only
We estimate that the time required for the 2018 Qualified Registry Self-Nomination fo timing includes the time needed for information gathering to complete the form, comp keeping. Partially completed forms will not be considered as successful submission. Please note that eligible clinicians wishing to report for the 2018 performance period Payment System (MIPS) program via the qualified registry reporting mechanism do N entities wishing to participate (and who meet the requirements) as a Qualified Registry	Nomination Fact Sheet to ogram as a Qualified Registry. rm will take about 10 hours, this letion of the form, and record of the Merit-Based Incentive IOT need to self-nominate. Only
We estimate that the time required for the 2018 Qualified Registry Self-Nomination fo timing includes the time needed for information gathering to complete the form, comp keeping. Partially completed forms will not be considered as successful submission. Please note that eligible clinicians wishing to report for the 2018 performance period Payment System (MIPS) program via the qualified registry reporting mechanism do N entities wishing to participate (and who meet the requirements) as a Qualified Registr self-nomination form.	Nomination Fact Sheet to ogram as a Qualified Registry. rm will take about 10 hours, this letion of the form, and record of the Merit-Based Incentive IOT need to self-nominate. Only y vendor need to complete the

4. The appropriate self-nomination form will show up below the **Issue Type** drop down. To navigate through the form's tabs, click on the tab you want to start filling out.





Filling out the 2018 self-nomination form

Most of the screenshots used in this User Guide were taken from the QCDR self-nomination form. Corresponding fields of the Qualified Registry self-nomination form may be a little different.

1. Enter your organization's name and the QCDR or Qualified Registry's name if it's different from the organization's.

+ Organization [*] Name	
+ QCDR name, if*	
different from	
Organization Name	

2. Enter your organization's mailing address.

Street Address*	
Suite	
City*	
State*	None •
ZIP Code*	

3. Enter your organization's contact information.

+ Website*	
	Type 'N/A' only if there is no website
+ Telephone [*] Number	

4. Fill out the Application Title field. This field should include your organization name followed by "Form Submission."

Summary*

If summary is not auto-populated please add your organization name followed by "- Form Submission"



5. Enter the names of others in your organization who will be able to see this issue. These people have to have a JIRA account.

Vendor Organization Staff	l	
		889

Start typing to get a list of possible matches.

Start typing to get a list of possible matches Enter names of others in your organization who should have the ability to view this issue. Person(s) entered must have a JIRA account.

6. Pick from the drop down if this is a new or existing QCDR or Qualified Registry under MIPS.

Are you a new or*	None	•
existing QCDR		
under MIPS?		

7. Pick all the years your organization has participated in MIPS and/or PQRS as a QCDR or Qualified Registry (pick N/A if it doesn't apply).

List which years of*	2
MIPS you have	Ν
participated in	
(Select N/A if not	
applicable)	

2017 N/A	*
	W

Hold the Ctrl button down to select multiple years. Click first option, then hold select and click last option to select all years.

List which years of PQRS you have participated in (Select N/A if not applicable)

2014 2015 2016 N/A	•
2016	•

Hold the Ctrl button down to select multiple years.

Click first option, then hold select and click last option to select all years.



8. Add any other names or acronyms your organization currently uses or has used for participation as a qualified vendor in past program years.

+ Does your entity	
have an alias; such	
as an acronym or	
abbreviation, that	
can be used in	
communications to	
the organization? If	
yes, please provide	
all other names.	
List any previous*	
aliases your entity	
used while	
participating under	
MIPS (Type N/A if	
not applicable)	
List any previous*	
aliases your entity	
used while	
participating under	
PQRS (Type N/A if	
not applicable)	

9. Explain how your organization meets our QCDR definition.

Description of	
QCDR	
	Please describe how the entity meets the CMS definition of a QCDR

10. Pick whether your organization can show it has a plan to risk adjust the quality measures data that is integrated with the measure specifications? Select Yes or No.

Plan to risk adjust? O Yes

O No

Can the entity demonstrate that it has a plan to risk adjust the quality measures data that is integrated with the
measure specifications?

11. Pick whether your organization will do its own public reporting or will report through Physician Compare. A QCDR/Qualified Registry must publicly report on one or the other.

Will the entity do *	Own reporting	,
their own public	Own reporting	
reporting or report	Physician Compare	
through Physician		
Compare?		



12. Tell us your cost information and the type of services your organization offers. We'll include this information in your qualified posting.

Cost information to [*] be displayed on the Qualified Posting	
Services Included in Cost	

13. Check the data collection your organization supports and pick which performance categories you'll be reporting.

Data Submission [*] Mechanism	 Claims Electronic Health Record Practice Management System Registry Web-based Tool Other
Data Collection [*] Other	other
+ Also reporting for:*	Improvement ActivitiesAdvancing Care Information
+ Reporting Options* Supported	 Individual MIPS Eligible Clinicians Groups Virtual Groups

14. Enter your program, clinical, and technical contacts.

Program Contact [*] Name	
Program Contact* Email Address	
Program Contact [*] Phone Number	
Clinical Contact [*] Name	
Clinical Contact* Email Address	
Clinical Contact* Phone Number	
Technical Contact [*] Name	
Technical Contact [*] Email Address	
Technical Contact* Phone Number	



It's important that you give us different contact information for each representative to make sure you don't miss important messages when your staff changes, has limited access to email, etc. To make sure you get JIRA notices, please have your contacts add ONC JIRA to their safe/approved email senders list.

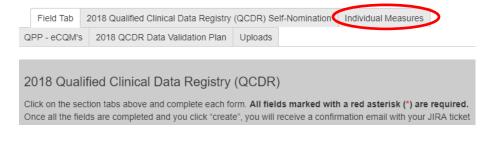
15. Read the statement in the gray box and enter your name underneath to attest that you meet the requirements for participation.

QCDR Participation Requirements
By signing and submitting this self-nomination form, you are attesting to your QCDR's ability to meet the requirements of participation for the 2018 performance period under the Quality Payment Program.
Submitter Name*

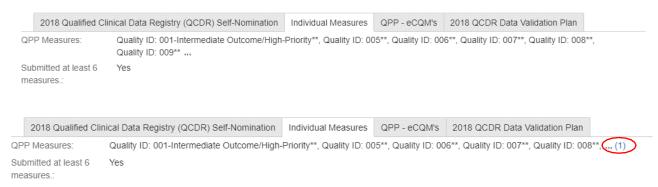
Adding Quality Payment Program individual measures (QCDR/Qualified Registry)

6 steps to add measures

1. To add Quality Payment Program individual measures, click the Individual Measures tab.



- 2. You'll then see the Individual Measures as shown below.
- 3. Follow the directions under each domain/individual measure selection window to review and pick your Quality Payment Program individual measures. You have to report on at least six measures, including one outcome measure or one high priority measure.
- 4. Pick from the Quality Payment Program list all the individual Quality Payment Program measures that you'll support. Each individual measure you pick will be shaded after you pick it.
- 5. If you want to verify all the measures that you've picked, go to the "Individual Measures" tab and click on the blue number. It will expand so you can see all the measures you picked.





6. After you submit your measures, your saved individual measures will show on the Form Submission page, at the top left of the "Individual Measures" tab like this:

2018 QPP Self- Test Issu	-	Approve Reject		
Details				
Туре:	QCDR	Status:	INITIAL CMS REVIEW	
Priority:	∧ Moderate	Resolution:	Unresolved	
		Security Level:	Reporter	
Labels: 2018 Qualified Clin	None /	Individual Measures QPP - et	CQM's 2018 QCDR Data Validation Plan	
QPP Measures:	Quality ID: 001-Intermediate Outcome/High Quality ID: 009** ,,,	-Priority**, Quality ID: 005**, Qualit	ty ID: 006**, Quality ID: 007**, Quality ID: 008**,	
Submitted at least 6 measures.:	Yes			
2 outcome measures or 1 outcome measure and 1 resource use, patient experience of care efficiency, appropriate use or patient safety:	Yes			

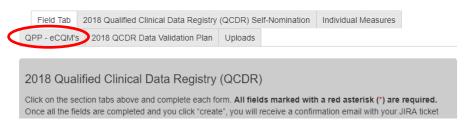
Your measure additions won't be saved until your measures are completely entered. We recommend that you have all your reference material (e.g., Measures List, etc.) ready and with you when you're entering your measures.

To add or edit your individual measures, see the "Modifying a JIRA ticket" section of this User Guide.

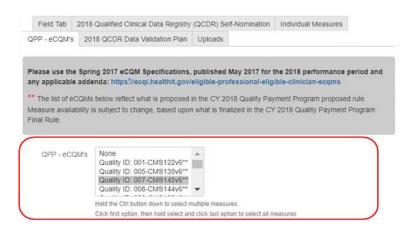
Adding Quality Payment Program eCQMs (QCDR/Qualified Registry)

4 steps to adding eCQMs

1. Click the QPP - eCQMs tab. You'll see the eCQMs lists like this:



2. Follow the directions under the QPP - eCQM list to review and the eCQMs.





- 3. Pick from the **QPP eCQM** Measures list all of individual eCQMs that you'll support. Each eCQM you pick will be shaded after you pick it.
- 4. After you submit your eCQMs, your saved eCQMs will show on the Form Submission like this:

	2018 Qualified Cli	inical Data Registry (QCDR) Self-Nomination	Individual Measures	QPP - eCQM's	2018 QCDR Data Validation Plan
QF	P - eCQM's:	Quality ID: 001-CMS122v6**, Quality ID: 005	5-CMS135v6**, Quality	ID: 007-CMS145v	6**, Quality ID: 008-CMS144v6**



Submitting the Data Validation Plan (QCDR/Qualified Registry)

On this tab, we'll ask you to explain how you'll validate the data you're submitting to us. You have to fill out all of the fields. You can either add your data validation plan in the JIRA preformulated question fields or upload it as an attachment in JIRA. If you're only sending your data validation plan as an attachment, fill out each field with "see attached". If you're answering the pre-formulated questions and also uploading an attachment to submit your data validation plan, we'll only review what you fill out in the pre-formulated fields, but not your attachments, to tell if you meet the data validation plan requirements.

9 steps to fill out the Data Validation Plan tab

1. Add your vendor name.

Name of the QCDR		
	Enter the name of the QCDR entity. (Do not list the name of the organization.)	

2. Check whether you can benchmark (QCDR only).

Benchmarking*	Yes
Capability?	O No
	Does the entity have benchmarking capability to compare the quality of care an Eligible Clinicians and QPP
	group practice provides to others performing the same and similar functions?
	Please provide benchmarking methodology as available, as an attachment under the "Uploads" tab.

If you click "**Yes**", upload your benchmarking methodology, as available, as an attachment under the **Uploads** tab. The name of the file should be **Benchmarking Methodology QCDR Name.** See page 20 of this User Guide for more information.

3. Describe how your organization will verify eligibility in the Quality Payment Program for each eligible clinician and/or group practice.

How will your*	Test Issue		
organization verify			
QPP eligibility of			
each Eligible			
Clinician/Group?			,

Describe how your organization will verify the eligibility of each Eligible Clinician and/or Group participating in QPP (i.e., verify they are a Medicare provider and bill Medicare Part B services).



4. Describe how your organization will verify accuracy of Tax Identification Numbers (TINs) and/or National Provider Identifiers (NPIs).

How will your* organization verify accuracy of TIN/NPIs?

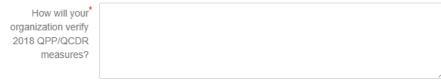
Indicate the method your organization will use to verify the accuracy of each Tax Identification Number (TIN) and National Provider Identifier's (NPI) you are intending to submit (i.e. NPPES, CMS claims, tax documentation).

5. Tell us how you'll calculate reporting and performance rates.

What method will* your organization use to calculate reporting and performance rates?

Describe the method that your organization will use to accurately calculate (both reporting rates and performance rates) for measures based on the appropriate measure type and specification

6. Tell us how you'll verify the 2018 QPP and QCDR measures.



Describe the method your organization will use to verify the 2018 QPP and QCDR measures.

7. Tell us how you'll complete randomized audits.



Describe the process that the entity will use for the completion of a randomized audit of a subset of data prior to the submission to CMS. Periodic examinations may be completed to compare patient record data with submitted data and/or ensure QPP measures were accurately reported based on the appropriate measure specifications (that is, accuracy of numerator, denominator, and exclusion criteria). The QCDR must provide their sampling methodology that would be used to conduct the audits.



8. Tell us how you'll complete detailed audits.

Describe the process used for completion of randomized audit. (2018)

Describe the process that the entity will use for the completion of a randomized audit of a subset of data prior to the submission to CMS. Periodic examinations may be completed to compare patient record data with submitted data and/or ensure QPP measures were accurately reported based on the appropriate measure specifications (that is, accuracy of numerator, denominator, and exclusion criteria). The QCDR must provide their sampling methodology that would be used to conduct the audits.

9. Check the box to attest that as required, your organization has the ability to randomly request and receive documentation from providers to verify data accuracy. Your organization will give us access to review the Medicare beneficiary data the 2018 Quality Payment Program QCDR-based submissions are based on or you'll give us a copy of the actual data (if requested for validation purposes).

Ability to Audit 🗍 🗍 Yes

Please check the box to attest that, per the requirements, entity has the ability to randomly request and receive documentation from providers in order to verify accuracy of data. Entity will provide CMS access to review the Medicare beneficiary data on which 2018 QPP QCDR-based submissions are based or provide to CMS a copy of the actual data (if requested for validation purposes).



Uploading a Qualified Registry Data Validation Plan as an attachment

If you want to upload your data validation plan as an attachment, you'll use the Attachment option at the bottom of the 2018 Qualified Registry Data Validation Plan tab, shown below. The name of the file should be: **2018DataValidationPlan_<YourQualifiedRegistryName>.** If you're submitting your data validation plan in an attachment, fill out the fields with "see attached."



Uploading a QCDR Data Validation Plan as an attachment

If you want to upload your Data Validation Plan as an attachment, you'll use the Uploads tab, shown below. The name of the file should be: **2018DataValidationPlan_<YourQCDRName>**. You can find more information the next page. If you're submitting your data validation plan in an attachment, fill out the fields with "see attached."

Field Tab	2018 Qualified Clin	ical Data Registry (QCDR) Self-Nomination	Individual Measures	QPP - eCQM's		
2018 QCDR D	ata Validation Plan	Uploads				
1. 2018 Data V 2. Benchmarki		or all of the following documents: es Documentation				
Attach	ment	Drop files to attach, or browse.				
		a) 2017 Data Validation Plan_QCDR Name b) Benchmarking Methodology_QCDR Name c) Supplemental non-QPP Measure Documentation_QCDR Name Please label as 1, 2, 3 if you are uploading more than one document.				



Uploading attachments (QCDR only)

This tab lets QCDR applicants attach self-nomination documentation:

- 2018 data validation plan you can upload your data validation plan if you don't want to use the JIRA pre-formulated data validation plan fields. You have to include all of the fields in your attached document. The file name should be 2018DataValidationPlan <YourQCDRName>.
- Benchmarking methodology you can explain how you'll benchmark your data. The file name should be Benchmarking Methodology_<YourQCDRName>.
- Supplemental QCDR measures documentation you can give your complete measure specification for all the QCDR measures you're submitting. You have to use the QCDR Measure Template. You have to include all of measure specification fields in the template when you self-nominate. The file name should be 5

SupplementalQCDRMeasureDocumentation_ <yourqcdrname< th=""></yourqcdrname<>

Field Tab	2018	Qualified Clinical Data Registry (QCDR) Self-Nomination	Individual Measures	QPP - eCQM's
2018 QCDR D	ata Val	dation Plan Uploads		
1. 2018 Data \ 2. Benchmarki	√alidatio ing Cap			
Attachment		Drop files to attach, or browse.		
		a) 2017 Data Validation Plan_QCDR Name b) Benchmarking Metho Supplemental non-QPP Measure Documentation_QCDR Name Ple	27 7	

are uploading more than one document.

Submitting your self-nomination form

4 steps to submit your self-nomination form

- 1. After you've finished all the required fields of all the tabs, click Create. You won't be able to successfully submit your form unless you've filled out all the required fields that are marked with a red asterisk (*).
- 2. Once your form is filled out and you've finished all your edits, click "Click Here to Submit to CMS" button to finish the submission process.

	018 QPP Self-Nomination Form / QSNF est	2018-4	
🖋 Edit	Comment Assign More -	Withdraw Click Here to Submit t	
Details			
Туре:	QCDR	VENDOR APPLICATION	VENDOR APPLICATI (View Workflow)
Priority:	∧ Moderate	Resolution:	Unresolved
		Security Level:	Reporter
Labels:	None 🖉	-	

- 3. Save the confirmation email you get with your JIRA ticket number for your reference.
- 4. Export a copy of your approved self-nomination form for your records.



Updating a JIRA ticket

To review or update your ticket, click **Issues – Search for Issues** OR Recent Issues, OR **Reported by Me**.

1. You can also use the Quick Search button in the upper right of your screen to access the ticket you've submitted.



Quick Search is character and format sensitive. Since there's a hyphen (or dash) in the QSNF number record, you'll need to use the exact format in the exact case without adding or leaving out spaces or characters to find your unique QSNF record number. You won't be able to find your QSNF record if you make even small changes to the characters or format (e.g., QSNF25 or QSNF 25).

2. Once you've found your ticket, click Edit.

2018 QF test	PP Self-Nomination For	m / QSNF2	2018-4	
🖋 Edit 🕕	Comment Assign	More +	Withdrawn	Click Here to Submit t
Details				
Туре:	QCDR			Status:
Priority:	ᄎ Moderate			Resolution:

You can also edit your information by clicking on individual fields, as shown below.

2018 Qualified C	inical Data Registry (QCDR) Self-No	mination	2018 QCDR Data Validation Pla
Organization Name:	test 🥒		
QCDR name, if	test Click to edit		
different from Organization Name:			

- Use your scrollbar to see all the tabs at the top of the page after you come to the **Edit Issue** page.
- To update or add information at any time, click the Update or Edit buttons, depending on which screen you're looking at. Remember, you won't be able to update your submission after 5:00 p.m. ET on November 1, 2017.



Adding QCDR measures (QCDR only)

You can only add your QCDR measures after you've submitted your self-nomination form. After you've made your ticket, follow the steps on page 21 to access your submission. You can also use the QCDR Measure Template instead.

Use the hyperlinks at the top of the window to go back to your earlier pages instead of the Back button:

	18 QPP Self-Nom	ination For	m / QSNF	2018-4		
	est					
/ Edit	Comment	Assign	More +	Withdrawn	Click Here to Submit t	
etails						
ype:	8	QCDR			Status:	VENDOR APPLICATL (View Workflow)
nonly:	*	Moderate			Resolution:	Unresolved
					Security Level	Reporter
abels	845	ne 🥒				

Adding QCDR measures with Create Sub-Task

- 1. To add QCDR Measures, click the More button, and you'll see a drop down list.
- 2. Then, click Create Sub-Task from the drop down list





Issue Type*	New Proposed Measure
QCDR Measure [*] Type	New QCDR Measure
Does this measure* belong to another QCDR? If so, which one? (Please indicate you have the appropriate permissions to use the measure)	
Measure Title*	
Measure Description*	Please do not include your vendor assigned measure ID, only include if a CMS Approved MIPS ID was assigned previously.
Is the QCDR [*] measure a high priority or outcome measure?	None
High Priority Type [*]	None
NQS Domain [*]	Communication and Care Coordir

3. Pick New Proposed Measure in the Issue Type field.

Filling out the Proposed Measure sub-task form page

Enter all required data for each new Proposed Measure, for every new Proposed Measure, until you've done all 26. Required fields are marked with a red asterisk (*).

26 Proposed Measure sub-tasks:

1. **QCDR measure type** – Pick the QCDR measure type you're proposing.

QCDR Measure*	New QCDR Measure	•	
Туре	New QCDR Measure		
Does this measure*	Existing Approved QCDR I Existing Approved QCDR I		
belong to another			

2. **Measure ownership and permission to use** – Tell us who owns the QCDR measure and if you have permission to use it.

Does this measure*		
belong to another		
QCDR? If so, which		
one? (Please		
indicate you have		
the appropriate		
permissions to use		
the measure)		
Please check one:*	We have been granted written permission to use this measure that is owned by QCDR	another
	Not applicable, we own this measure	

3. **CMS assigned measure ID number** – Give the approved MIPS QCDR Measure ID that was assigned in the previous year, or enter N/A.

CMS assigned		
measure ID #		
	Please enter your Approved MIPS QCDR Measure ID as assigned in the previous year, or enter	r N/A.

- _____
- 4. **Measure title** Tell us the measure's title. It should start with a clinical condition of focus, followed by a brief description of action.

Measure Title*		
	Please do not include your vendor assigned measure ID, only include if a CMS Approved MIP: previously.	S ID was assigned



5. **Measure description** – Give us a detailed measure description.

Measure Description*		
l Is the QCDR [*]	None	•
measure a high	None	
priority or outcome	High Priority	
measure?	Outcome	
*	N/A	

6. **Measure priority or outcome** – Pick whether the measure is high priority, outcome, or neither (N/A).

Is the $QCDR^*$	None 🔻
measure a high	None
priority or outcome	High Priority
measure?	Outcome
*	N/A

7. **High priority type** – Pick the high priority type.

High Priority Type *	None 🔻
NQS Domain*	None N/A (to be chosen only if measure is designated as an outcome measure)
NQS Domain [*] Rationale	Appropriate Use Patient Safety Efficiency Patient Experience Care Coordination

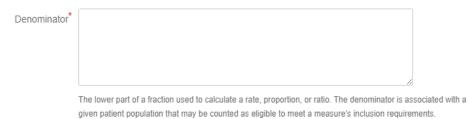
8. **National Quality Strategy (NQS) domain** – Pick the domain the measure belongs to and tell us why.

NQS Domain*	Communication and Care Coordir	
	Communication and Care Coordination	
NQS Domain [*]	Community/Population Health	
Rationale	Effective Clinical Care	
	Efficiency and Cost Reduction	
	Patient Safety	
	Person and Caregiver-Centered Experience and Outcomes	



NQS Domain*	
Rationale	

9. Denominator - Type in the eligible patient population to be counted to meet the measures' inclusion requirements.



10. **Denominator exclusions** – Type in any exclusions to the measure's denominator. An exclusion is anything that would remove the patient, procedure, or unit of measurement from the denominator.

Denominator* Exclusions	

11. Numerator – Type in the clinical action that meets the measure's requirements.

Numerator*		
	The upper portion of a fraction used to calculate a rate, proportion, or ratio. A clinical action to be o	ounted as

meeting a measure's requirements.



12. **Numerator exclusions** – Type in any exclusions to the measure's numerator. Numerator exclusions are used only in ratio measures to describe what shouldn't be included in the numerator.

Numerator [*] Exclusions	

13. **Denominator exceptions** – Type in any exceptions to the measure's denominators.

Denominator* Exceptions	

14. **Inverse measure?** – Pick whether the measure is inverse.

Is the measure an	None	۳
Inverse measure?	None	
	Yes	
Measure type*	No	

15. **Measure type** – Pick the best description of the measure type and then use the drop down and pick the measure type.

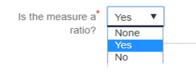
Measure type*	None 🔻
Measure Scoring*	None Composite
Is the measure a*	Cost/Resource Use Efficiency
ratio?	Intermediate Outcome Outcome
If continuous*	Patient Engagement/Experience
ariable and/or ratio is chosen, what	Patient Reported Outcome Process
ould be the range of the score(s)?	Structure Other (enter in Comments at far bottom of this form)



16. **Measure scoring** – Pick the scoring mechanism.

Measure Scoring*	None	•
	None	
	Proportion	
	Continuous Variable	

17. **Ratio?** – Pick whether the measure's a ratio.

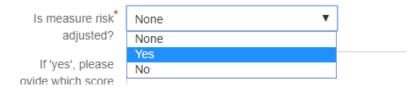


18. Range of the score(s) for continuous variable and/or ratio – If your measure's a ratio, pick the range of the score(s). If not continuous variable and/or ratio, enter N/A.

If continuous*	
variable and/or ratio	
is chosen, what	
would be the range	
of the score(s)?	

If not continuous variable and/or ratio please enter N/A.

19. Risk adjusted? – Pick whether the measure is risk adjusted.



20. Risk adjustment score – If the measure is risk adjusted, tell us the score.

If 'yes', please provide which score is risk adjusted.



21. **National Quality Forum (NQF) ID number** – Tell us the NQF ID. If you don't know the NQF ID number, enter numerals 0000.

NQF ID number*		
	Four digit number with leading zeros if needed. If no NQF ID number is known, enter numerals	0000.

- 22. Data sources used for the measure Pick all that apply.

Select as many as apply.

What data sources are used for the measure? Administrative claims (non-Medicare; enter relevant parts in the field below) Administrative clinical data Facility discharge data Chronic condition data warehouse (CCW) Claims

23. Number of performance rates to be submitted in the XML – Type in the number or N/A to show the number of performance rates you submitted. If only one is calculated, type '1'. Also, if there are multiple performance rates for the measure, tell us the name of each performance rates.

# of Performance*	
Rates to be	
submitted in the	
XML	
	enter # or n/a

24. Overall performance rate if more than one performance rate is to be submitted – Tell us which rate will represent an overall performance rate for the measure or how an overall performance rate could be calculated based on the data submitted in the XML.

Indicate an Overall*
Performance Rate if
more than 1
performance rate is
to be submitted



25. Evidence of a performance gap and any study citations – Give us a summary of a performance gap with citations to any studies you used. Don't submit only study citations.

Provide a concise*
summary of
· · · ·
evidence of a
performance gap, in
addition to any study
citation.

26. Fill in the rest of the fields that apply.

Please indicate which specialty/specialties this measure applies to.	
Is there a variance in the measure rate? If yes, indicate if the variance is within your registry and/or from another source. If another source, please cite the source.	
Please provide any test data on reliability/validity.	
What is the measure funding source?	

Once you complete the form, click the **Create** button.

Create another	Create	Cancel

If you upload more attachments with details about QCDR Measures, see **page 23** of this User Guide.

- You can see the QCDR measure(s) you save d entered on the Summary screen. You can also scroll down to see all the information you entered.
- Clicking on any line will take you into the Edit/Review screen. Use the hyperlinks, not the Back button, at the top of the window to go back the pages you visited earlier.

QCDR measure permission checklist

If you're a QCDR, you have to get permission to use another QCDR's measure by the time you self-nominate for each performance period. Here's the QCDR measure permission checklist:

- ✓ See which measure(s) you need to ask permission to use
- ✓ Find QCDR measure contacts on <u>CMS.gov</u>
- ✓ Ask whoever owns the QCDR measure(s) for permission to use it
- ✓ Get the measure owner's permission documented
- ✓ Upload the documentation for our review when you self-nominate in JIRA

Submitting a JIRA ticket

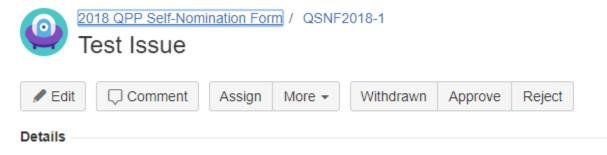
Click on the Submit button to save your whole QSNF record.

- When you're completely finished entering information in the record, click the Submit button at the top of the page to save the whole record.
- If necessary, use the Edit button to make changes to your record after you've submitted it.

2018 QPP Self-Nomination Form / QSNF2018-1 Test Issue							
	Comment Assign	More 👻 W	/ithdrawn	Click Here to Submi	t t		
Details							
Type:	QCDR			Statu	S:	ADD MEASURES	
Priority:	ጰ Moderate			Resol	lution:	Unresolved	
				~	·· · ·		

Withdrawing a JIRA ticket

If you want to withdraw a self-nomination form that you already submitted, click on the **Withdrawn** button. When you click on the **Withdrawn** button, your whole QSNF record will be withdrawn from consideration to participate in MIPS as a QCDR or qualified registry.



Resources

Help with JIRA

 If you need more help with JIRA, you can check JIRA's Online Help or get more <u>learning JIRA</u> resources.

Help to self-nominate

You can use the Comment box to ask questions about filling in the form or submitting other information. You can also see the "Modifying a JIRA Ticket" and "Populating the QCDR Measures" sections of the User Guide for more information.

- If you need more help with the Self-Nomination criteria, contact the Quality Payment Program Service Center Help Desk by <u>e-mail</u> or at 1-866-288-8292 (TTY 1-877-715-6222) from 8:00 a.m. to 8:00 p.m. ET Monday through Friday. Keep your personal identifying information (like your Social Security Number or TIN) secure by not including it in your email to the Quality Payment Program Service Center.
- The <u>Quality Payment Program website</u> resource library also gives more resources.