

2027 Merit-Based Incentive Payment System (MIPS) Program: Qualified Clinical Data Registry (QCDR) and Qualified Registry Self- Nomination Fact Sheet

June 2026

Quality Payment PROGRAM

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Introduction & Purpose

The Self-Nomination fact sheet provides program requirements and guidance for organizations that wish to participate in the Quality Payment Program (QPP) as third party intermediaries for the Merit-based Incentive Payment System (MIPS). The Self-Nomination fact sheet provides an overview of the Self-Nomination guidance for Qualified Clinical Data Registries (QCDRs) and Qualified Registries while highlighting shared requirements and separating what is unique to each intermediary type.

2027 MIPS Performance Period Key Dates

- **Self-Nomination Period:** For the 2027 MIPS performance period, the Self-Nomination period will open at **10 a.m. ET on July 1** and close at **8 p.m. ET on September 1, 2026**. Self-Nominations submitted after the deadline won't be considered.¹
- **Data Validation Execution Report (DVER):** The 2027 DVER that includes the results of your data validation audit, must be submitted to CMS by **May 31, 2028**.² If your organization didn't submit MIPS data for the quality, Promoting Interoperability, and/or improvement activities performance categories for the 2027 MIPS performance period, the Centers for Medicare & Medicaid Services (CMS) encourages your organization to send an email by the end of the 2027 MIPS data submission period to QCDRVendorSupport@gdit.com or RegistryVendorSupport@gdit.com. This is to notify CMS and the MIPS QCDR/Qualified Registry Support Team (Practice Improvement and Quality Measures Management Support [PIQMMS] Team) that data wasn't submitted for the given performance period. Please be sure to include your QCDR or Qualified Registry name in the subject line of the email.

Third Party Intermediary Types

What is a Qualified Registry?

A Qualified Registry is a data intermediary that collects MIPS data from MIPS eligible clinicians and submits it to CMS on their behalf to foster improvement in the quality of care provided to patients.³ Clinicians work directly with their chosen Qualified Registry to submit data on the measures or activities they have selected. If the entity seeking to qualify as a Qualified Registry uses an external organization for purposes of data collection, calculation, or transmission, it must have a signed, written agreement with the external organization that specifically details the responsibilities of the entity and the external organization. The written agreement must be effective as of September 1 of the year preceding the applicable performance period.⁴

¹ [42 CFR § 414.1400\(b\)\(2\)](#)

² [§ 414.1400\(b\)\(3\)\(v\)\(G\)\(1\)](#)

³ [§ 414.1305](#)

⁴ [§ 414.1400\(b\)\(3\)\(ii\)](#)



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What is a QCDR?

A QCDR is an entity that demonstrates clinical expertise in medicine and quality measurement development that collects medical or clinical data on behalf of a MIPS eligible clinician for patient and disease tracking to foster improvement in the quality of care provided to patients.⁵

A QCDR may include:

- An intermediary with clinical expertise in medicine. Clinicians are on staff with the organization and lend their clinical expertise in the work carried out by the organization as a QCDR.
- An intermediary with stand-alone quality measurement development expertise.
- An intermediary that uses an external organization for data collection, calculation, or transmission may meet the definition of a QCDR if the intermediary has a signed, written agreement that specifically details the responsibilities of the intermediary and the external organization. The written agreement must be effective as of September 1 of the year preceding the applicable performance period.⁶
- Intermediaries without clinical expertise in medicine and quality measure development that want to become a QCDR may collaborate with entities with such expertise.

As described in the Calendar Year (CY) 2018 Medicare Physician Fee Schedule (PFS) Final Rule,⁷ changes to the QCDR's organizational structure (for example, if a specialty society wants to partner with a different data submission platform vendor) are considered substantive and would need to be included as an update at the time of Self-Nomination. The roles and responsibilities of each organization should be specifically detailed within the Self-Nomination form on the [QPP website](#).

As an alternative to becoming a QCDR, intermediaries may seek to qualify as another type of third party intermediary, such as a Qualified Registry. A Qualified Registry doesn't require quality measurement development experience.

A QCDR may self-nominate up to 30 quality measures not included within the annual list of MIPS quality measures.⁸ QCDRs will need to provide full QCDR measure specifications to CMS at the time of Self-Nomination.⁹ CMS will review the quality measures and determine if they are appropriate for QCDR reporting.¹⁰ You may refer to the [QCDR Measure Development Handbook \(PDF, 418KB\)](#) which can be found in the [2027 Self-Nomination Toolkit for QCDRs and Qualified Registries \(ZIP, 3.17MB\)](#) on the [QPP Resource Library](#) for more information.

Measures submitted by a QCDR **may** be from one or more of the following categories:

⁵ [§ 414.1305](#)

⁶ [§ 414.1400\(b\)\(3\)\(ii\)](#)

⁷ [82 FR 53809](#)

⁸ [§ 414.1400\(b\)\(4\)\(iv\)\(P\)](#)

⁹ [§ 414.1400\(b\)\(4\)\(i\)\(B\)](#)

¹⁰ [§ 414.1400\(b\)\(4\)\(iv\)\(P\)](#)

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- Clinician and Group Consumer Assessment of Healthcare Providers and Systems (CAHPS), which must be reported via a CAHPS-certified vendor. Although the CAHPS for MIPS Survey is included in the MIPS measure set, the changes needed for reporting by individual clinicians are significant enough to treat it as a QCDR measure for reporting via a QCDR. Submitting a subset of CAHPS survey measures as a QCDR measure won't count for credit toward completing the CAHPS for MIPS Survey.
- Consensus-Based Entity (CBE)-endorsed measures.
- MIPS quality measures approved for the 2027 MIPS performance period.
- QCDR measures developed by the QCDR.
- QCDR measures developed by other intermediaries, such as boards, specialty societies or regional quality collaboratives, with the appropriate documented permission to use the QCDR measure.

Shared Requirements for All Intermediaries

Participants: You must have at least 25 participants by January 1 of the year prior to the applicable performance period (e.g., January 1, 2026, for consideration for the 2027 MIPS performance period).¹¹ These participants aren't required to use the intermediary to report MIPS data to CMS, but they must submit data to the intermediary for quality improvement.¹²

Intermediaries must be able to accept and retain data by January 1 of the applicable performance period.¹³ A system that isn't "live," beginning with the start of the MIPS performance period, is considered non-compliant with this requirement.

Certification Statement: You must certify that all data submissions to CMS on behalf of MIPS eligible clinicians, groups, virtual groups, subgroups, or Alternative Payment Model (APM) Entities, including Shared Savings Program (Shared Savings Program) Accountable Care Organizations (ACOs) (herein known as QPP participants), are true, accurate, and complete to the best of your knowledge.^{14,15} This certification applies to data submissions based on the acceptance of data exports directly from an electronic health record (EHR) or other data sources and for traditional MIPS, MIPS Value Pathways (MVPs), and the APM Performance Pathway (APP). If you become aware that any submitted information isn't true, accurate, and complete, corrected information may be submitted until the end of the data submission period. If false, inaccurate, or incomplete data are identified after the data submission period, you should immediately notify CMS.

¹¹ [§ 414.1400\(b\)\(3\)\(i\)](#)

¹² [81 FR 77365](#)

¹³ [§ 414.1400\(b\)\(3\)\(xvii\)](#)

¹⁴ [§ 414.1400\(a\)\(3\)\(i\)](#)

¹⁵ Participation options include MIPS eligible clinician, group, virtual group, subgroup, or APM Entity, including Medicare Shared Savings Program (Share Savings Program) Accountable Care Organizations (ACOs). This applies to both voluntary and opt-in MIPS eligible clinician and groups.

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Data Submission: You should submit data via a CMS-specified secure method for data submission, such as a defined QPP data format.¹⁶ Additional information regarding data submission methodologies is in the [Developer Tools](#) section of the [QPP website](#).

Except as provided in the CY 2023 Medicare PFS Final Rule,¹⁷ intermediaries must be able to submit data for the following MIPS performance categories as follows:

- Quality, except:
 - The CAHPS for MIPS Survey measure; and
 - Qualified Registries and QCDR measures.
- Improvement activities; and
- Promoting Interoperability, if the eligible clinician, group, virtual group, subgroup, or APM Entity, including any Medicare Share Savings Program ACO, is using Certified Electronic Health Record Technology (CEHRT); however, a third party intermediary may be excepted from this requirement if its MIPS eligible clinicians, groups, virtual groups, subgroups, MVPs, or APM Entities, including Medicare Shared Savings Program ACOs, fall under the reweighting policies.^{18,19}

Beginning with the 2025 MIPS performance period/2027 MIPS payment year, health IT vendors were removed from the definition of third party intermediary. Removing health IT vendors from the definition of third party intermediary doesn't preclude health IT vendors from assisting MIPS eligible clinicians with reporting under the program. In order to submit data on behalf of clinicians, a health IT vendor would need to meet the requirements and self-nominate to become a QCDR or Qualified Registry.²⁰

Beginning with the CY 2026 MIPS performance period/2028 MIPS payment year, intermediaries must support MVPs that are applicable to the MVP participant on whose behalf they submit MIPS data no later than one year after finalization of the MVP in accordance with the current requirement. Intermediaries may also support the APP.²¹ An intermediary must support all measures and activities available in the MVP with 2 finalized exceptions:

- If an MVP includes several specialties, then an intermediary is only expected to support the measures that are pertinent to the specialty of their clinicians.²²
- QCDR measures are only required to be reported by the QCDR measure owner. In instances where a QCDR doesn't own the QCDR measures in the MVP, the QCDR may only support the QCDR measures if they have the appropriate permissions.²³

¹⁶ [81 FR 77367-77369](#)

¹⁷ [§ 414.1400\(b\)\(1\)\(i\)](#)

¹⁸ [§ 414.1400\(b\)\(1\)\(i\)\(C\)](#)

¹⁹ [§ 414.1380\(c\)\(2\)\(i\)\(A\)\(4\)](#) or [§§ 414.1380\(c\)\(2\)\(i\)\(C\)\(1\)-\(c\)\(2\)\(i\)\(C\)\(10\)](#) or [§ 414.1380\(c\)\(2\)\(i\)\(C\)\(12\)](#)

²⁰ [§ 414.1400\(a\)\(1\)\(iii\)](#)

²¹ [§ 414.1400\(b\)\(1\)\(ii\)](#)

²² [§ 414.1400\(b\)\(1\)\(ii\)\(A\)](#)

²³ [§ 414.1400\(b\)\(1\)\(ii\)\(B\)](#)



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Data Validation and Targeted Audits: You must submit a data validation strategy annually, by close of Self-Nomination, and may not change the data validation once approved without prior CMS approval. You must conduct annual data validation audits. You must conduct data validation for the 2027 MIPS performance year prior to any data submission via traditional MIPS, MVPs, and/or the APP **for the 2027 MIPS performance period.**²⁴

Your data validation must include all:

- Collection types (QCDR measures [QCDRs only], MIPS clinical quality measures [MIPS CQMs], electronic clinical quality measures [eCQMs], and Medicare Clinical Quality Measures for ACOs Participating in the Medicare Shared Savings Program [Medicare CQMs]);
- Performance categories (quality, improvement activities, Promoting Interoperability);
- Reporting options (traditional MIPS, MVPs, the APP); and
- Participation options (MIPS eligible clinicians, groups, virtual groups, subgroups, or APM Entities, including Shared Savings Program ACOs. This also applies to both voluntary and opt-in MIPS eligible clinicians and groups).

You must use clinical documentation (provided by the clinicians for whom you are submitting data) to validate that the action or outcome measured was performed.²⁵ In addition, each data validation audit must include the following:

- Verification of the eligibility status of each QPP participant.
- Verification of the accuracy of Taxpayer Identification Numbers (TINs) and National Provider Identifiers (NPIs).
- Calculation of reporting and performance rates.
- Verification that only the MIPS quality measures, improvement activities, Promoting Interoperability measures, and QCDR measures that are relevant for the performance periods will be used for MIPS submission, including traditional MIPS, MVPs, and the APP. For the 2027 MIPS performance period, this means:
 - 2027 MIPS CQMs, eCQMs, Medicare CQMs, and/or QCDR measures for the quality performance category.
 - 2027 Promoting Interoperability measures for the Promoting Interoperability performance category.
 - 2027 improvement activities for the improvement activities performance category.²⁶

Data Validation Audits: Each data validation audit must use a sampling methodology that meets the following requirements for all performance categories for which you'll submit data (traditional MIPS, MVP reporting, the APP):

²⁴ [§ 414.1400\(b\)\(3\)\(v\)\(A\)](#)

²⁵ [§ 414.1400\(b\)\(3\)\(v\)\(D\)](#)

²⁶ [§§ 414.1400\(b\)\(3\)\(v\)\(F\)\(1\)-\(b\)\(3\)\(v\)\(F\)\(4\)](#)



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- Sample size of at least 3% of a combination of individual clinicians, groups, virtual groups, subgroups, and APM Entities, including any Shared Savings Program ACO, submitted to CMS, except that the sample size must have a minimum of 10 individual clinicians, groups, virtual groups, subgroups, and APM Entities, including Shared Savings Program ACOs, but the sample size doesn't need to include more than 50 individual clinicians, groups, virtual groups, subgroups, and APM Entities, including Shared Savings Program ACOs.²⁷
- Sample that includes at least 25% of the patients of each individual clinician, group, virtual group, subgroup, and APM Entity, including any Shared Savings Program ACO in the sample, except that the sample size for each individual clinician, group, virtual group, subgroup, and APM Entity, including any Shared Savings Program ACO, must have a minimum of 5 patients but does not need to include more than 50 patients.²⁸

If your organization is supporting Medicare CQMs, the intermediary will need to evaluate the ACO's list of beneficiaries eligible for Medicare CQMs against each Medicare CQM specification prior to submission, including confirming the beneficiaries meet the numerator and denominator criteria for the measure. The ACO list of beneficiaries eligible for Medicare CQMs is provided to the ACO each quarter throughout the performance year as part of its Quarterly Informational Reports Packages.

Targeted Audits: If a data validation audit identifies one or more deficiencies or data errors, you must also conduct a targeted audit into the impact and root cause of each such deficiency or data error for that MIPS payment year.²⁹ Any required targeted audits for the 2027 MIPS performance year and correction of any deficiencies or data errors identified through such audits must be completed prior to the submission of data for the 2027 MIPS performance period.³⁰ The sample used for auditing in the targeted audit must be based on a sampling methodology that meets the requirements for data validation audits and must not include data from the sample used for the data validation audit in which the deficiency or data error was identified.³¹ (*The targeted audit is required if any errors or deficiencies are found through the data validation audit of traditional MIPS, MVP reporting, and/or the APP.*)

DVER and Targeted Audits: You must execute your 2027 data validation and any required targeted audits **prior** to the submission of data for traditional MIPS, MVPs, and the APP for the 2027 MIPS performance period.

- The 2027 DVER with the results of your data validation audit including any targeted audit, if needed, must be submitted to CMS by **May 31, 2028**.³²

²⁷ [§ 414.1400\(b\)\(3\)\(v\)\(E\)\(1\)](#)

²⁸ [§ 414.1400\(b\)\(3\)\(v\)\(E\)\(2\)](#)

²⁹ [§ 414.1400\(b\)\(3\)\(vi\)\(A\)](#)

³⁰ [§ 414.1400\(b\)\(3\)\(vi\)\(B\)](#)

³¹ [§ 414.1400\(b\)\(3\)\(vi\)\(C\)](#)

³² [§ 414.1400\(b\)\(3\)\(v\)\(G\)\(1\)](#)

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Late, incomplete, and/or absent submission of your DVER or results for a required targeted audit constitutes non-compliance with program requirements and may result in remedial action or termination of the intermediary for the current and possibly future program years of the MIPS program.

CMS will provide a DVER template for data validation and targeted audit results, which will be posted on the [QPP Resource Library](#).

Performance Category Feedback Reports: Intermediaries are required to provide performance category feedback at least 4 times a year, and provide specific feedback to all QPP participants, who have submitted data on a given measure for traditional MIPS, MVPs, and the APP.

- CMS doesn't provide a template for performance feedback reports.
- If a real-time feedback dashboard is available to clinicians, CMS asks that the intermediary email QPP participants, at least 4 times a year, to remind them the feedback is available.
- Exceptions to this requirement may occur if the intermediary doesn't receive the data from their clinician until the end of the performance period, as mentioned in the CY 2023 Medicare PFS Final Rule.³³

Attestation: You must attest that you understand the intermediary qualification criteria and program requirements and will meet all program requirements.

Remedial Action & Termination: CMS has the authority to impose remedial action or termination based on its determination that a third party intermediary is non-compliant with one or more applicable criteria for approval; has submitted a false certification; has submitted data that is inaccurate, unusable, or otherwise compromised;³⁴ has not maintained current contact information for correspondence;³⁵ or they are on remedial action for 2 consecutive years.³⁶

Intermediaries that have remedial action taken against them will be required to submit a corrective action plan (CAP) to address any deficiencies and detail any steps taken to prevent the deficiencies from reoccurring within a specified time period. The third party intermediary is required to submit a CAP by a date specified by CMS. The CAP must address the following issues unless different or additional information is specified by CMS:

- The issues that contributed to the non-compliance.
- The impact to QPP participants and any QCDRs that were granted licenses to the measures of a QCDR upon which a CAP has been imposed.

³³ [§ 414.1400\(b\)\(3\)\(iii\)](#)

³⁴ [§ 414.1400\(e\)](#)

³⁵ [§ 414.1400\(e\)\(2\)\(iv\)](#)

³⁶ [§ 414.1400\(e\)\(2\)\(v\)](#)

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- The corrective actions to be implemented by the third party intermediary to ensure that the non-compliance has been resolved and won't recur in the future.
- The detailed timeline for achieving compliance with the applicable requirements.
- The development of a communication plan for communicating the impact to the parties identified in the finalized [§ 414.1400\(e\)\(1\)\(i\)\(B\)](#).³⁷ This would include QPP participants regardless of whether they are participating in the program because they are MIPS eligible, voluntarily participating, opting in to participate, and/or MVP-participating in the MIPS program, and any QCDRs that were granted licenses to the measures of a QCDR upon which a CAP has been imposed.
- The communication of the final resolution to CMS once the resolution is complete, and provide an update, if any, to the monitoring plan provided.³⁸

Failure to comply with the remedial action process may lead to termination of third party intermediaries for the current and/or subsequent performance year. If a third party intermediary is terminated, a transition plan must be submitted by a date specified by CMS. The transition plan must address the following unless different or additional information is specified by CMS.³⁹

- State the issues that contributed to the withdrawal mid-performance period or discontinuation of services mid-performance period.
- State the number of clinicians, groups, virtual groups, subgroups or APM Entities, including Shared Savings Program ACOs that would need to find another way to report and, as applicable, identify any QCDRs that were granted licenses to QCDR measures which would no longer be available for reporting due to the transition. This also applies to both voluntary and opt-in MIPS eligible clinicians and groups,
- State the steps the third party intermediary will take to ensure that the clinicians, groups, virtual groups, subgroups, or APM Entities, including Shared Savings Program ACOs, identified in [§ 414.1400\(a\)\(3\)\(iv\)\(B\)\(1\)](#) are notified of the transition in a timely manner and successfully transitioned to an alternate third party intermediary, submitter type, or, for any measure or activity on which data has been collected, collection type, as applicable. This also applies to both voluntary and opt-in MIPS eligible clinicians and groups,
- Require that the transition plan include a detailed timeline of when the third party intermediary will take the steps identified in paragraph [\(a\)\(3\)\(iv\)\(C\)](#), including notification of affected clinicians, groups, virtual groups, subgroups, or APM Entities, including Shared Savings Program ACOs, the start of the transition, and the completion of the transition.
- The third party intermediary must communicate to CMS that the transition was completed by the date included in the detailed timeline.⁴⁰

³⁷ [§ 414.1400\(e\)\(1\)\(i\)\(B\)](#)

³⁸ [§ 414.1400\(e\)\(1\)\(i\)\(F\)](#)

³⁹ [§ 414.1400\(a\)\(3\)\(iv\)](#)

⁴⁰ [§§ 414.1400\(a\)\(3\)\(iv\)\(A\)-\(a\)\(3\)\(iv\)\(E\)](#)



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The 2027 QCDR/Qualified Registry Qualified Posting will be updated to reflect when remedial action has been taken and/or when a third party intermediary participating as a QCDR/Qualified Registry is terminated.

Data Submission Functions: Following the Self-Nomination and/or QCDR measure process, an approved intermediary should be able to perform the following data submission functions:

- **Indicate:**
 - Whether the intermediary is using a CEHRT data source.
 - Performance period, start and end dates.
 - The reporting of data on quality measures, Promoting Interoperability measures, or improvement activities, as applicable, to the standards and requirements of the respective performance categories.
- **Submit:**
 - The data and results for all supported MIPS performance categories.
 - The data must include **all-payer data**, and not just Medicare Part B claims patients.
 - If reporting Medicare CQMs on behalf of an ACO participating in the Shared Savings Program, the data should include Medicare fee-for-service beneficiaries assigned to the ACO that meet the measure specification.⁴¹
 - Results for at least 6 quality measures including one outcome measure, as applicable (if submitting MIPS CQMs, eCQMs, and/or QCDR measures).
 - If an outcome measure isn't available, use at least one other high-priority measure.⁴²
 - Give entire distribution of measure results by decile, if available.
 - Results for 4 unique quality measures from your chosen MVP, including 1 outcome measure*.
 - If no outcome measure is available or applicable, or you are unable to meet the case minimum requirements for any of the outcome measures available in the MVP, you may report a high priority measure.
 - The 4 required unique quality measures don't include the required population health measures evaluated as part of the foundational layer.
 - Results for all 5 measures can be submitted via a combination of eCQMs/MIPS CQMs/Medicare CQMs (if submitting the APP measure set for ACOs). If submitting Medicare CQMs for ACOs, all 5 measures must be submitted.
 - Appropriate measure and activity identifiers (IDs) for quality measures, Promoting Interoperability objectives and measures, and improvement activities, and titles for MVPs.⁴³

⁴¹ [§ 425.20](#)

⁴² [§ 414.1400\(b\)\(3\)\(x\)](#)

⁴³ [§ 414.1400\(b\)\(3\)\(ix\)](#)



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- Measure-level data completeness rates by TIN/NPI, TIN and/or aggregated TINs.
- Measure-level performance rates by TIN/NPI and/or TIN.⁴⁴
- The sampling methodology used for data validation.
- Risk-adjusted results for any risk-adjusted measures.
- Additional details for QCDR Measures:
 - Data elements and QCDR measure specifications.
 - Risk-adjusted results for QCDR quality data, if applicable.
 - Comparison of quality of care by measure, by clinician or group.
- **Report on the number of:**
 - Eligible instances (reporting the denominator).
 - Instances a quality action is performed (the performance numerator).
 - Instances the applicable quality action wasn't met (the performance wasn't met).
 - Instances a performance exception/exclusion occurred (the denominator exceptions/numerator exclusions).
- **Verify and maintain clinician information:**
 - Signed verification of clinician names, contact information, services provided, costs charged to clinicians, quality measures (MIPS quality measures and/or QCDR measures), and specialty-specific measure sets (if applicable).
 - Business associate agreements must comply with Health Insurance Portability and Accountability Act (HIPAA) Privacy and Security Rules. Records of the authorization must be maintained for 6 years after the performance period ends.⁴⁵
 - Business agreement(s) with QPP participants, who provide patient-specific data. This also applies to both voluntary and opt-in MIPS eligible clinicians and groups,
 - Obtain and keep on file signed documentation from each holder of an NPI that has authorized the intermediary to submit quality measure results, improvement activities measure and activity results, Promoting Interoperability objective results, and numerator and denominator data or patient-specific data on Medicare and non-Medicare beneficiaries, to CMS for MIPS participation. This documentation should be obtained annually at the time the clinician or group enters into an agreement with the intermediary to submit MIPS data to the intermediary⁴⁶ and must meet the requirements of any applicable laws, regulations, and contractual business associate agreements. Groups participating in MIPS via an intermediary may have their group's duly authorized representative grant permission to the intermediary to submit their data to CMS. If submitting as a group, each individual clinician doesn't need to grant their individual permission to the intermediary to submit their data to CMS.

⁴⁴ [§ 414.1400\(b\)\(3\)\(v\)\(F\)\(3\)](#)

⁴⁵ [§§ 414.1400\(b\)\(3\)\(xii\)-\(b\)\(3\)\(xiii\)](#)

⁴⁶ [§§ 414.1400\(b\)\(3\)\(xii\)-\(b\)\(3\)\(xiii\)](#)

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- A practice administrator may give consent on behalf of a group, virtual group, subgroup, or APM Entity, including any Shared Savings Program ACO, reporting as a group, but **not** for an individual clinician reporting as an individual. If you are submitting the individual clinician data as an individual, you must have a business associate agreement and consent in place for each individual clinician.
- Include disclosure of MIPS quality measure results and data on Medicare and non-Medicare beneficiaries. If your organization submits Medicare CQMs for ACOs, the disclosure would be specific to an identified Medicare population rather than all-payer data.
- Clinician consent with signed authorization to submit results and data to CMS for MIPS.
- Certification statement that all data and results are true, accurate, and complete to the best of your knowledge.⁴⁷
- **Comply with:**
 - Any CMS request to review your submitted data. For auditing, CMS may request any MIPS records or data retained for up to 6 years from the end of the MIPS performance period.⁴⁸
 - Requirement to attend and complete training and support sessions.⁴⁹
 - Participation requirements (for example, and not limited to, conducting data validation and submitting required reports and performance feedback to clinicians; intermediary would be up and running by January 1 of the given performance period).
 - All data must be submitted in the form and manner specified by CMS.⁵⁰

Organizational Approval Criteria: To be approved as a third party intermediary, an intermediary must agree to meet these requirements including, but not limited to, the following:

- A third party intermediary's principal place of business and retention of any data must be based in the United States.⁵¹
- If the data is derived from a CEHRT, then a QCDR and/or Qualified Registry must be able to indicate its data source.⁵²
- All data must be submitted in the form and manner specified by CMS.⁵³
- If the clinician chooses to opt-in in accordance with [§ 414.1310](#), the third party intermediary must be able to transmit that decision to CMS.⁵⁴

⁴⁷ [§ 414.1400\(a\)\(3\)](#)

⁴⁸ [§ 414.1400\(b\)\(3\)\(xv\)](#)

⁴⁹ [§ 414.1400\(a\)\(2\)\(iii\)](#)

⁵⁰ [§ 414.1400\(a\)\(2\)\(i\)\(C\)](#)

⁵¹ [§ 414.1400\(a\)\(2\)\(i\)\(A\)](#)

⁵² [§ 414.1400\(a\)\(2\)\(i\)\(B\)](#)

⁵³ [§ 414.1400\(a\)\(2\)\(i\)\(C\)](#)

⁵⁴ [§ 414.1400\(a\)\(2\)\(i\)\(D\)](#)



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- The third party intermediary must provide services throughout the entire performance period and applicable data submission period.⁵⁵
- Prior to discontinuing services to any QPP participant, during a performance period, the third party intermediary must support the transition of each QPP participant to an alternate third party intermediary, submitter type, or, for any measure on which data has been collected, collection type according to a CMS-approved transition plan.⁵⁶ This also applies to both voluntary and opt-in MIPS eligible clinicians and groups,
- The determination of whether to approve an organization as a third party intermediary for a MIPS payment year may consider:
 - Whether the organization failed to comply with the requirements of this section for any prior MIPS payment year for which it was approved as a third party intermediary; and
 - Whether the organization provided inaccurate information regarding the requirements of this subpart to any eligible clinician.⁵⁷
- Beginning with the 2023 MIPS payment year, third party intermediaries must attend and complete training and support sessions in the form and manner, and at the times, specified by CMS.⁵⁸
- All data submitted to CMS by a third party intermediary on behalf of a QPP participant must be certified by the third party intermediary as true, accurate, and complete to the best of its knowledge. Such certification must be made in a form and manner, and at such time, as specified by CMS.⁵⁹ This applies to data submitted for traditional MIPS, MVPs, and the APP.

QCDRs and Qualified Registries – Key Differences (At a Glance)

Table 1: QCDR and Qualified Registry Key Differences

Requirement Area	QCDR	Qualified Registry
Ability to submit QCDR measures	Permitted — may nominate up to 30 measures not in the annual MIPS list; subject to CMS review/approval	Not permitted
Clinical expertise requirement	Required or via collaboration with clinically expert entities	Not required
MVP support nuance	Must support applicable MVP measures/activities; may support QCDR measures within MVP by the	Must support applicable MVP measures/activities for supported specialties

⁵⁵ [§ 414.1400\(a\)\(2\)\(i\)\(E\)](#)

⁵⁶ [§ 414.1400\(a\)\(2\)\(i\)\(F\)](#)

⁵⁷ [§§ 414.1400\(a\)\(2\)\(ii\)-\(a\)\(2\)\(ii\)\(B\)](#)

⁵⁸ [§ 414.1400\(a\)\(2\)\(iii\)](#)

⁵⁹ [§§ 414.1400\(a\)\(2\)\(i\)-\(a\)\(3\)](#)



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Requirement Area	QCDR	Qualified Registry
	owner or with documented permission from the QCDR measure owner	
Measure development duties	Extensive: develop, test, specify, and publicly post approved QCDR measures per CMS rules	None (uses MIPS quality measures as specified)

What are considered data inaccuracies?

Data inaccuracies may result in:

Remedial action/termination of the third party intermediary for future program year(s) based on CMS discretion.⁶⁰

- Beginning with the CY 2025 performance period/2027 MIPS payment year, the CMS website publicly disclosing that CMS took remedial action against or terminated the third party intermediary.⁶¹

CMS will further evaluate the intermediary to determine if any additional inaccurate, unusable, or otherwise compromised data has been submitted.⁶² Data inaccuracies may lead to remedial action against (or termination of) the intermediary for future program year(s), based on CMS discretion.

CMS will evaluate data submitted for quality measures for data completeness and accuracy. The intermediary will also certify that all data submitted (including quality measures, improvement activities, and Promoting Interoperability measures) are true, accurate, and complete to the best of their knowledge.

CMS will determine error rates calculated on MIPS data submitted for QPP participants.

CMS will evaluate data inaccuracies including, but not limited to:

- TIN/NPI Issues – Incorrect TINs, incorrect NPIs, or submission of group NPIs.
- Formatting Issues – Submitting files with incorrect file formats, submitting files with incorrect element formats, or failure to update and resubmit rejected files.
- Calculation Issues – Incorrect qualities for measure elements, performance rates, and/or data completeness rates; numerators larger than denominators.
- Data Audit Discrepancies – Since data audits are required to occur prior to data submission, intermediaries should correct all identified errors prior to submitting the data

⁶⁰ [§ 414.1400\(e\)\(3\)](#)

⁶¹ [§ 414.1400\(e\)\(1\)\(ii\)\(B\)](#)

⁶² [§ 414.1400\(e\)\(1\)](#)

to CMS. CMS will consider intermediary acknowledgement of data discrepancies found post-submission from clinician feedback reports.

What is the overall process to become a CMS-approved Intermediary?

To become a CMS-approved intermediary for the MIPS program under QPP, you must self-nominate and successfully complete a qualification process.

The overall process includes these steps:

The intermediary completes and submits the Self-Nomination form and supported quality measures (MIPS quality measures and/or QCDR Measures), improvement activities, Promoting Interoperability measures, the APP, and MVPs through the QPP website for CMS consideration.⁶³

If the Self-Nomination form is approved, all submitted QCDR measures are reviewed (if applicable). CMS may approve or reject the QCDR measures. The QCDR measure statuses are defined as:

- Approved – The QCDR measure is approved for the given performance period.
- Rejected – The QCDR measure isn't approved for the given performance period. CMS will provide a rationale for the rejection.

A qualified posting is developed for the approved intermediary. CMS requires that intermediaries attest that the information listed on the qualified posting is accurate.⁶⁴

Approved QCDRs review and acknowledge the measure specifications for their approved QCDR measures.

Approved intermediaries are required to support the performance categories, reporting options, measures and activities listed on their qualified posting and meet all applicable approval criteria for the applicable performance period as a condition of participation in MIPS. Failure to do so may lead to remedial action or possible termination of the intermediary from future MIPS program years. Prior to discontinuing services to any QPP participant, during a performance period, the third party intermediary must support the transition of such QPP participant, to an alternate third party intermediary, submitter type, or, for any measure on which data has been collected, collection type according to a CMS-approved transition plan by a date specified by CMS.⁶⁵

⁶³ [82 FR 53810](#)

⁶⁴ [§ 414.1400\(b\)\(3\)\(xiv\)](#)

⁶⁵ [§§ 414.1400\(a\)\(2\)\(i\)\(F\)-\(a\)\(3\)\(iv\)](#)

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The list of CMS-approved intermediaries that have been approved to submit data to CMS as a QCDR/Qualified Registry for the 2027 MIPS performance period will be posted in the 2027 QCDR/Qualified Registry Qualified Posting on the [QPP Resource Library](#).

Tips for successful Self-Nomination

You must provide all required information at the time of Self-Nomination, and before the close of the Self-Nomination period, via the [QPP website](#) for CMS consideration.

Self-Nomination is an annual process. If you want to qualify as an intermediary for a given MIPS performance period, you'll need to self-nominate for that MIPS performance period. Qualification and participation in a prior program year doesn't automatically qualify an intermediary for subsequent MIPS performance periods.

A simplified Self-Nomination form is available to reduce the burden of Self-Nomination for those existing intermediaries that have previously participated in MIPS and are in good standing (i.e., CMS didn't take remedial action against or terminate the intermediary as a third party intermediary). **Intermediaries that are in good standing are still required to submit their Self-Nomination form even if they use the simplified Self-Nomination process as there may be new sections to fill out, and they need to respond to attestations within the course of the application.**⁶⁶

Existing intermediaries in good standing should contact the MIPS QCDR/Qualified Registry Support Team (PIQMMS Team) at QCDRVendorSupport@gdit.com or RegistryVendorSupport@gdit.com if they can't find or access the simplified Self-Nomination form (instead of creating or submitting a new Self-Nomination form).

What information is needed to self-nominate?

You must provide the following when you self-nominate:

- Your intermediary's name.
- Specify any partnerships or collaborations.
- For the 2027 MIPS performance period, an intermediary that was approved but didn't submit any MIPS data for either of the 2 years preceding the applicable Self-Nomination period must submit a participation plan for CMS' approval. This participation plan must include the intermediary's detailed plans about how the intermediary intends to encourage clinicians to submit MIPS data to CMS through the intermediary.⁶⁷ Beginning with the 2024 MIPS performance period/2026 MIPS payment year, an organization that

⁶⁶ [§ 414.1400\(b\)\(2\)](#)

⁶⁷ [§ 414.1400\(b\)\(3\)\(vii\)](#)

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submits a participation plan, but doesn't submit MIPS data for the applicable MIPS performance period for which they self-nominated, will be terminated.⁶⁸

- Whether you are a new applicant or previously approved intermediary (approved in a previous year of MIPS and/or the Physician Quality Reporting System (PQRS)).
- MIPS performance categories you'll support. Intermediaries are required to support the quality, Promoting Interoperability, and improvement activities performance categories. Third party intermediaries could be excepted from this requirement if ALL of its supported clinicians, groups, virtual groups, subgroups, or APM Entities, including Shared Savings Program ACOs, fall under the reweighting policies.
- Whether you can support the APP including Medicare CQMs.
- The list of MVPs you are supporting.
- Which QCDR measure specifications you're submitting (if submitting QCDR measures).
- The list of MIPS CQMs you're supporting. The reporting of MIPS CQMs must use the current measure specification for the performance period in which they'll be used and must be used as specified. Third party intermediaries aren't permitted to alter or modify measure specifications.
- The list of eCQMs you are supporting. The reporting of eCQMs must use the current measure specification for the performance period in which they'll be used and must be used as specified. Third party intermediaries aren't permitted to alter or modify measure specifications.
- The list of 2027 improvement activities you're supporting.
- The list of 2027 Promoting Interoperability measures you're supporting.
- Your intermediary type (i.e., Collaborative, Health Information Exchange/Regional Health Information Organization, Health IT vendor, Regional Health Collaborative, Specialty Society, Other).
- The list of data collection method(s) you use (claims, EHR, practice management system, web-based tool, etc.).
- Confirmation you'll conduct your 2027 data validation audits and any required targeted audits and correct any deficiencies or data errors identified through such audits prior to the submission of data for the MIPS payment year.
- Confirmation you'll submit reports with the results of each 2027 MIPS performance period data validation audit and targeted audit by the deadline of May 31, 2028.
- The list of reporting options you intend to support (Traditional MIPS, MVP, the APP).
- The list of participation options you intend to support (e.g., clinician, group, virtual group, subgroup, APM Entities, including any Shared Savings Program ACOs).
- The cost (frequency [monthly, annual, per submission]) and if the cost is per provider/practice, services included in cost, and if there's a different cost for supporting traditional MIPS compared to MVPs.
- Detailed information on quality measure development experience and clinical expertise.

⁶⁸ [§ 414.1400\(e\)\(5\)](#)



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What is a QCDR measure?

QCDR measures are an additional set of measures that are not contained in the annual list of MIPS quality measures for the applicable performance period. QCDR measures may include specialty-specific measures or disease process measures that are not available within the MIPS quality measures inventory and can only be reported through a QCDR.

CMS recommends that QCDRs use the following when developing and self-nominating QCDR measures:

- [Measure Development Plan](#)
- [QCDR Measure Development Handbook](#)
- [Blueprint Measure Lifecycle content on the CMS Measures Management System \(MMS\) Hub](#)

What is required for nominating a QCDR measure?

You must provide QCDR measure specifications for each QCDR measure that you would like to nominate for CMS consideration:

- Provide QCDR measure specification components for each QCDR measure. This includes testing data, performance data, measure recommendations, and rationale.
- This should be submitted in your Self-Nomination form on the [QPP website](#) QCDR Measure tab no later than the last day of the applicable Self-Nomination period.
- Measure specification details for borrowed measures (with documented permission from the QCDR measure owner) need to be submitted at the time of Self-Nomination.
- QCDR measures can't be added after Self-Nomination closes.

For a complete listing of all QCDR measure Self-Nomination requirements and QCDR measure specifications, please see the Self-Nomination User Guide which is included in the [2027 Self-Nomination Toolkit for QCDRs and Qualified Registries \(ZIP, 3.17MB\)](#).

Resources

- **CY 2026 Payment Policies under the Physician Fee Schedule (PFS)** - CMS provides an overview of the major policies finalized for the 2026 MIPS performance period in the [CY 2026 QPP Policies Final Rule Fact Sheet \(PDF, 323KB\)](#), which includes a table comparing the previous policy to the newly finalized policy. Please refer to the 2027 Medicare PFS Final Rule for additional information once it is available.
- **Intermediary Support Calls** - CMS will hold **mandatory** joint support calls for QCDRs and Qualified Registries that are approved to participate in the 2027 MIPS performance period. These support calls will be held approximately once a month, with the kick-off meeting (in-person or virtually) being the first of the monthly calls. The support calls address reporting requirements, steps for successful submission, and allow for a



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question-and-answer session. The monthly support calls are limited to only include approved 2027 MIPS performance period intermediaries. Each intermediary must attend both the webinar and audio portion via computer or phone to receive credit for attending the support call. Please note that attendance by only one representative from an intermediary supporting multiple QCDRs/Qualified Registries **WON'T** be counted as attendance for multiple QCDRs/Qualified Registries.

- **Virtual Office Hours (VOHs)** - CMS will host joint VOHs so QCDRs and Qualified Registries can ask CMS subject matter experts questions related to the assigned topics for those calls. Only topic-specific questions will be addressed during each call. All other questions will be referred to the QPP Service Center. Participation in the VOHs **isn't required** but is strongly encouraged.
- **QPP Listserv** - The QPP Listserv provides news and updates on new resources, website updates, upcoming milestones, deadlines, CMS trainings, and webinars. To subscribe, visit the [QPP website](#) and select 'Subscribe to Updates' at the bottom of the page or in the footer.
- **QPP Website** - Educational documents for intermediary participation will be available on the website to help support you in your submission process. In addition, lists with the criteria used to audit and validate data submitted in each of the MIPS performance categories will be available on the website.
- **Questions or Assistance** - Contact the QPP Service Center by emailing QPP@cms.hhs.gov, submitting a [QPP Service Center ticket](#), or calling 1-866-288-8292 (Monday-Friday, 8 a.m. - 8 p.m. ET). People who are deaf or hard of hearing can dial 711 to be connected to a Telecommunications Relay Services (TRS) Communications Assistant.
- **2027 Self-Nomination Toolkit for QCDRs and Qualified Registries (ZIP, 3.17MB)** - The Self-Nomination User Guide within the zip file provides step-by-step instructions to become an approved intermediary for the 2027 MIPS performance period.
- **Blueprint Measure Lifecycle content on the CMS MMS Hub** - Provides a standardized system for developing and maintaining the quality measures used in CMS' various quality initiatives and programs. The primary goal is to provide guidance to measure developers to help them produce high-caliber healthcare quality measures and document the core set of business processes and decision criteria used when developing, implementing, and maintaining measures. This resource isn't specific to MIPS; please contact CMS/the PIQMMS Team with any questions as there are program-specific nuances that aren't captured within the CMS MMS Hub.
- **Measure Development Plan** - Is a focused framework to help CMS build and improve quality measures that clinicians could report under MIPS and as participants in Advanced APMs (collectively known as QPP).
- **QCDR Measure Development Handbook (PDF, 418KB)** - Provides guidance and suggestions to QCDR measure developers on QCDR measure structure, analytics and types as well as a QCDR measure development check list, resources for QCDR measure development and definitions used by CMS to communicate QCDR measure review decisions.

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Version History Table

Date	Change Description
06/01/2026	Original Version

