Quality Payment PROGRAM

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2027 Merit-Based Incentive Payment System (MIPS) Program: Self-Nomination User Guide for Qualified Clinical Data Registries (QCDRs) and Qualified Registries

June 2026

Quality Payment PROGRAM

Table of Contents

Introduction 3
Purpose 3
Background 3
Accessing the Quality Payment Program Website 6
Sign Up for a Quality Payment Program Account 6
Self-Nomination Form Tips 13
Creating a Self-Nomination Form (prospective QCDRs/Qualified Registries) 14
Creating a Self-Nomination Form (existing QCDRs/Qualified Registries not in good standing) 15
Populating the 2027 Self-Nomination Form 16
Populating the 2027 Simplified Self-Nomination Form 17
Intermediary Contact Info 18
Intermediary Details 20
Qualified Posting Details 23
Attestations 25
Improvement Activities 28
Promoting Interoperability 28
MIPS Clinical Quality Measures 30
MIPS electronic Clinical Quality Measures 31
MIPS Value Pathways (MVPs) 32
Data Validation 33
Populating Data Validation 34
Benchmarking Capabilities (QCDR ONLY) 36
QCDR Measures (QCDR ONLY) 37
Populating QCDR Measures 38
Pre-Populated Existing QCDR Measures 39
Self-Nominate QCDR Measures 39
Owned QCDR Measures 41
Co-Owned by 2 or more QCDRs 41
Borrowed QCDR Measures 42
Measure Specification Fields 44

Measure Info Section: 44
Analytics Section: 48
Testing Section: 51
Supporting Documentation Section: 55
QCDR Measure Permission Checklist 59
Submission of the Self-Nomination Form 60
Modifying a Self-Nomination Form 61
Withdrawing a Self-Nomination Form 61
Comments 61
How to View/Add Comment 61
Resources 63
Help with Self-Nomination 63
Help with QCDR Measure Development 63
Version History Table 64

Introduction

Purpose

This guide provides Qualified Clinical Data Registries (QCDRs) and Qualified Registries with step-by-step instructions to complete and submit the 2027 Merit-based Incentive Payment System (MIPS) Self-Nomination form for consideration by the Centers for Medicare & Medicaid Services (CMS).

Background

The Self-Nomination form is available through the CMS Quality Payment Program (QPP) Self-Nomination website. Intermediaries seeking approval as a QCDR and/or Qualified Registry for the 2027 MIPS performance period must complete all required tabs and fields, inclusive of QCDR measures (QCDRs only), and submit by **8 p.m. ET on September 1, 2026**. Late submissions won't be considered.

You must populate **all** required fields marked with an asterisk [*] and tabs prior to submitting your Self-Nomination form for CMS review. The QCDR and Qualified Registry Self-Nomination form contains the following tabs:

- ***Intermediary Contact Info tab*** – Intermediaries are required to enter their staff access and contact information.
- ***Intermediary Details tab*** – Intermediaries are required to enter their current and previous MIPS program participation details.
- ***Qualified Posting Details tab*** – A qualified posting is developed for the approved QCDRs/Qualified Registries. The Qualified Posting will be posted on the CMS QPP Resource Library in late 2026. The Qualified Posting must include:
    - Cost information;
    - Services included in cost;
    - Last date to accept new clients;
    - Reporting information/options supported;
    - Data collection methods; and
    - Performance categories supported.
- ***Attestations tab*** – Intermediaries are required to attest that they understand and can meet the participation requirements for the 2027 MIPS performance period.
- ***Improvement Activities tab*** – Intermediaries are required to select and support the improvement activities supported for the 2027 MIPS performance period. For more information, please see the MIPS Improvement Activities Requirements.
- ***Promoting Interoperability tab*** – Intermediaries are required to select and support the Promoting Interoperability objectives and measures for the 2027 MIPS performance period. For the Promoting Interoperability performance category, if the MIPS eligible

clinician, group, virtual group, subgroup,[1] or Alternative Payment Model (APM) Entity including any Medicare Shared Savings Program (Shared Savings Program) Accountable Care Organization (ACO) (here in referred to as QPP participant) is using certified electronic health record technology (CEHRT), the third party intermediary may be excepted from this requirement if ALL its QPP participants fall under the reweighting policies. Health Information Technology (IT) vendors are required to submit data for at least one category. For more information, please see the MIPS Promoting Interoperability Requirements.

- ***MIPS Clinical Quality Measures (CQMs) tab*** – Intermediaries are required to select and support the reporting of quality measures. The MIPS CQM is a collection type available to intermediaries to support for the 2027 MIPS performance period. For traditional MIPS, QCDRs and Qualified Registries **must** support at least 6 quality measures, with at least 1 outcome measure. If an outcome measure isn't available, at least 1 other high-priority measure should be used. For MIPS Value Pathways (MVPs), QCDRs and Qualified Registries **must** support all the MIPS quality measures (that require data submission) available in the MVP they intend to support. Not all MIPS quality measure collection types within the MVP must be supported. Some MIPS CQMs are also available as MIPS electronic Clinical Quality Measures (eCQMs) and must be programmed and implemented as specified in the technical measure specifications. ACOs participating in the Shared Savings Program may report the 5 Medicare CQMs or a combination of eCQMs/MIPS CQMs/Medicare CQMs, to meet the Shared Savings Program quality reporting requirement at 42 CFR § 425.510(b) and the quality performance standard at § 425.512(a)(5). ACO Medicare CQMs are Quality Measures 001SSP, 112SSP, 113SSP, 134SSP, and 236SSP. **Changes to the measure specifications or implementation workflows by intermediaries aren't permitted.**
- ***MIPS eCQMs tab*** – Intermediaries may specify the eCQMs supported for the 2027 MIPS performance period. Some MIPS eCQMs are also available as MIPS CQMs and should be programmed and implemented as specified in the technical measure specifications. **Changes to the measure specifications or implementation workflows by intermediaries aren't permitted.**
- ***MVPs tab*** – Intermediaries may specify the MVPs and MIPS quality measures and/or QCDR measures within the selected MVPs they'll support for the 2027 MIPS performance period. The list of MVPs reflects what was finalized in the Calendar Year (CY) 2026 Medicare Physician Fee Schedule (PFS) Final Rule. MVP availability is subject to change, based upon what is finalized for inclusion and removal in the CY 2027 Medicare PFS Final Rule. Intermediaries will be given the opportunity to update the specified MVPs during the Qualified Posting review process after the CY 2027 Medicare PFS Final Rule has been published. In addition, voluntary and opt-in participants, as well as virtual groups, are currently excluded from MVP reporting. If an MVP is intended for reporting by multiple specialties, a QCDR or a Qualified Registry is required to report those measures pertinent to the specialty of its MIPS eligible clinicians.

[1] Subgroup reporting is not available through traditional MIPS

- ***Data Validation tab*** – Intermediaries are required to specify the methodology that they'll use to validate the data submitted for the 2027 MIPS performance period.

Please refer to the 2027 QCDR and Qualified Registry Self-Nomination Fact Sheet (PDF, 488KB) located in the QPP Resource Library for additional information on the QCDR and Qualified Registry participation requirements. The 2027 QCDR and Qualified Registry Self-Nomination Fact Sheet (PDF, 488KB) is included in the 2027 Self-Nomination Toolkit for QCDRs and Qualified Registries (ZIP, 3.17MB).

The **QCDR** Self-Nomination form contains additional tabs, and QCDRs must populate all required fields marked with an asterisk [*] and tabs prior to submitting the Self-Nomination form for CMS review. These tabs include:

- ***Benchmarking Capabilities tab*** – This required tab allows QCDRs to upload their benchmarking methodology. CMS won't use a QCDR's benchmarking data to establish a MIPS benchmark.
- ***QCDR Measures tab*** – This optional tab allows QCDRs to provide QCDR measures and/or supplemental QCDR measure documentation for consideration for the 2027 MIPS performance period. To use the QCDR Measures tab, your intermediary must choose "Yes" under the "Do you plan to submit QCDR Measures?" question on the Intermediary Details tab to submit your QCDR measures. QCDRs who plan to submit QCDR measures for CMS consideration must complete this tab.

Intermediaries who intend to participate in MIPS as a QCDR and/or Qualified Registry **must complete and submit a Self-Nomination form for each intermediary type**. CMS will only approve the organization for the intermediary type identified within the Self-Nomination form. Applicants won't be able to update or submit their Self-Nomination form after the deadline.

Failure to meet participation requirements and/or falsifying any information provided during self-nomination may result in remedial action being taken against the QCDR and/or Qualified Registry or termination as a QCDR and/or Qualified Registry in the current and future MIPS program years.

CMS will post 2 Qualified Postings for the 2027 MIPS performance period (one for approved QCDRs and a second for approved Qualified Registries). QPP participants may use the Qualified Postings to select a CMS-approved QCDR or Qualified Registry as their method of data submission for MIPS reporting. This also applies to both voluntary and opt-in MIPS eligible clinicians and groups.[2]

Additional resources regarding the 2027 MIPS performance period are on the QPP website.

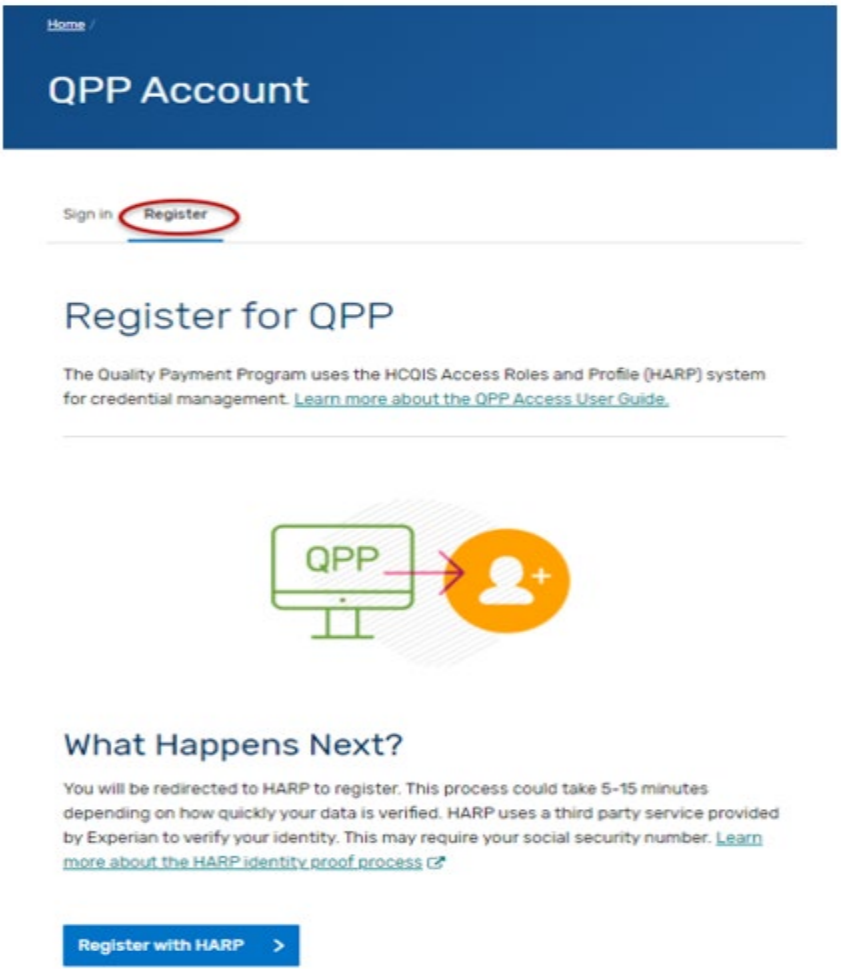
[2] Participation options include MIPS eligible clinician, group, virtual group, subgroup, or APM Entity, including Shared Savings Program ACOs. This applies to both voluntary and opt-in MIPS eligible clinician and groups.

Accessing the Quality Payment Program Website

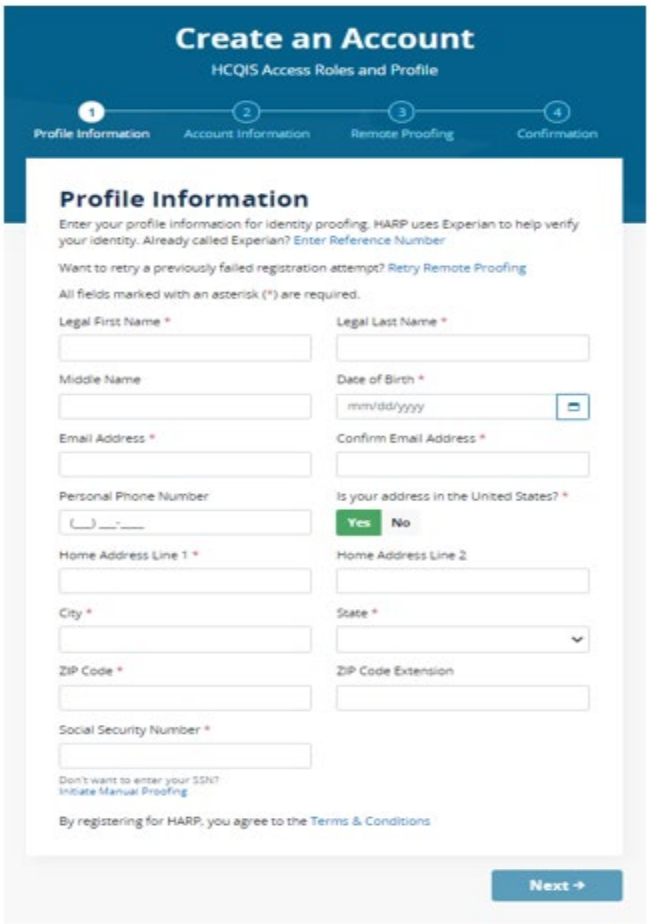
Sign Up for a Quality Payment Program Account

If you don't have a user account, you must create a user account.

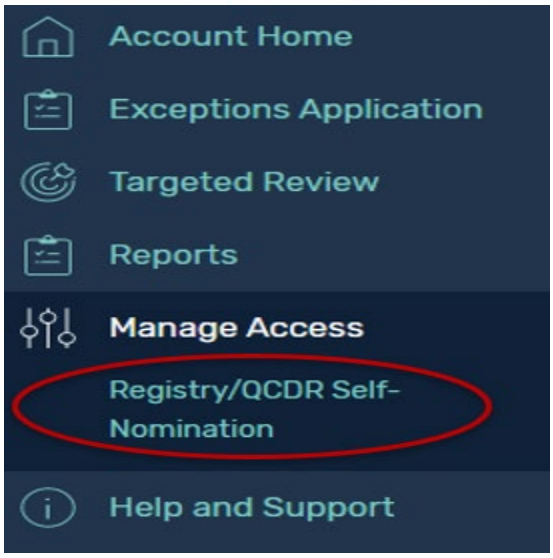
1. Review the QPP Access User Guide (ZIP, 5MB) that contains these files:
   - QPP Access at-a-Glance - Gives an overview of what you need to do to sign in to the QPP website and how you'll manage access to organizations to self-nominate.
   - Register for a Health Care Quality Information Systems (HCQIS) Access Roles and Profile (HARP) Account - Gives step-by-step instructions with screenshots for new users to create an account and sign in to the QPP website.
   - Connect to an Organization - Gives step-by-step instructions with screenshots for any user to request authorization for an organization. Follow these steps if you need to self-nominate for an organization that's currently submitting data on the QPP website. This includes organizations that qualify for the simplified Self-Nomination form. You may need to connect to the organizations that you need to self-nominate.
   - Security Officials: **Manage Access** - Gives step-by-step instructions with screenshots for a small group of users with a Security Official role to approve requests to access their organization. Follow these steps if you need to self-nominate for an organization that's currently submitting data on the QPP website. This includes organizations that qualify for the simplified Self-Nomination form. You may need to request the Security Official role for the organizations that you need to self-nominate.
2. Navigate to the QPP website.
3. Click on **Register.**



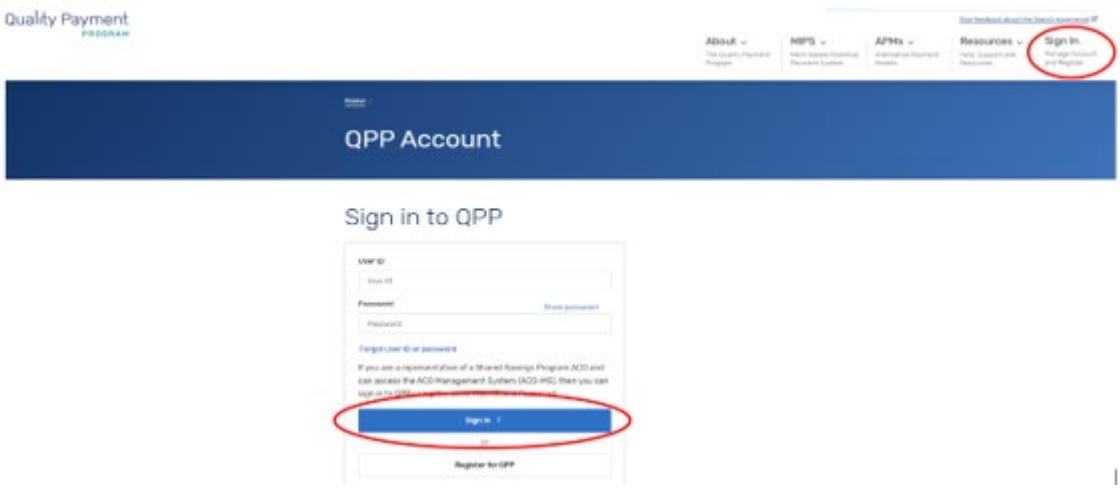
4. Click on “Register with HARP” to create your account. This process could take 5-15 minutes depending on how quickly your data is verified. HARP uses a third-party service provided by Experian to verify your identity. This may require your Social Security number. Please select the “Security Official” role.
5. If you’re self-nominating for a new intermediary that isn’t currently active on the QPP website, then you’re done.
6. If you’re self-nominating for an existing intermediary that’s active on the QPP website, then you’ll need to connect to that organization and request the “Security Official” role.



7. Once you've created an account and logged in, you'll land on the **Manage Access** page in the QPP website and will see the "Registry/QCDR Self-Nomination" link to access the Self-Nomination form for QCDRs/Qualified Registries. You'll see the organizations that you're connected to listed on the **Manage Access** page. If you aren't seeing an existing intermediary that's active on the QPP website that you need to self-nominate, then you'll need to click on "CONNECT TO ORGANIZATION," connect to that organization, and request the "Security Official" role.



8. Log in to the QPP website.
9. Enter your User Identifier (ID) and Password and select “Sign in.”



10. Check the “Yes, I agree” box to continue.

Agree to This Statement of Truth to Sign In ×

I certify to the best of my knowledge that all of the information that will be submitted will be true, accurate, and complete. If I become aware that any submitted information is not true, accurate, and complete, I will correct such information promptly. I understand that the knowing omission, misrepresentation, or falsification of any submitted information may be punished by criminal, civil, or administrative penalties, including fines, civil damages, and/or imprisonment.

Privacy and security statement:

This warning banner provides privacy and security notices consistent with applicable federal laws, directives, and other federal guidance for accessing this Government system, which includes (1) this computer network, (2) all computers connected to this network, and (3) all devices and storage media attached to this network or to a computer on this network.

Cancel | Yes, I agree

11. Select a device to verify your account.

Two-Factor Authentication

Select a device to verify your account.

SMS: +1 XXX-XXX-9820 | Send Code

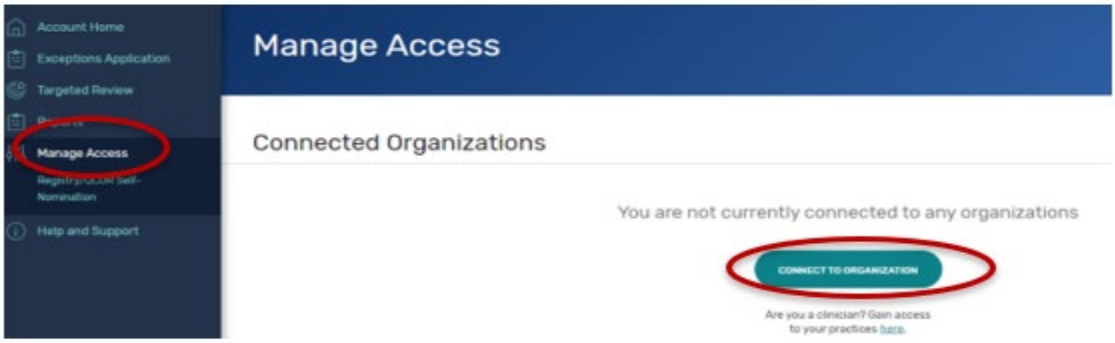
ENTER CODE

ex. 123456 | Verify

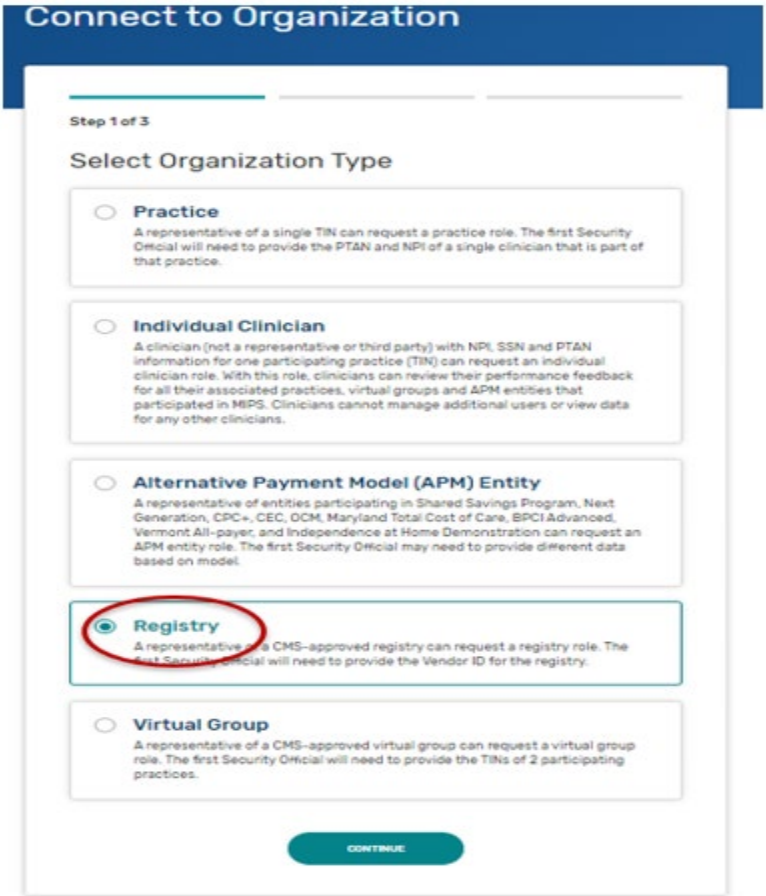
Change Verification Settings

Sharing HARP account credentials with other users isn't permitted and is considered a security violation. Each individual user must have their own HARP account to log in to the QPP website. Unauthorized or improper use of this system is prohibited and may result in disciplinary action and/or civil and criminal penalties.

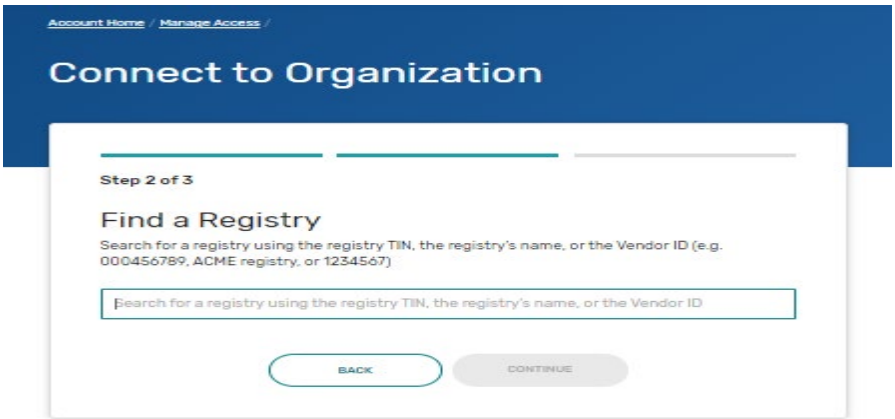
You must have the "Security Official" role assigned to access, complete, and submit the Self-Nomination form for your organization(s). If you don't have the "Security Official" role, please submit a request to your organization's "Security Official" via the QPP website. If you're the "Security Official" for your organization, you may add this role to the appropriate staff via the QPP website. Users can request access as a "Security Official" on the **Manage Access** page by clicking the "CONNECT TO ORGANIZATION" link.



You'll be able to identify the QCDRs/Qualified Registries where the "Security Official" role has been approved as they're listed on the **Manage Access** page. The list of organizations that you can self-nominate will match the list of organizations displayed on the **Manage Access** page under the Registry option (QCDR/Qualified Registry intermediaries).



If you know the organization that you need to self-nominate is active on the QPP website and it's missing from this list, then you need to follow the steps above to "CONNECT TO ORGANIZATION" in the "Security Official" role.



Self-Nomination Form Tips

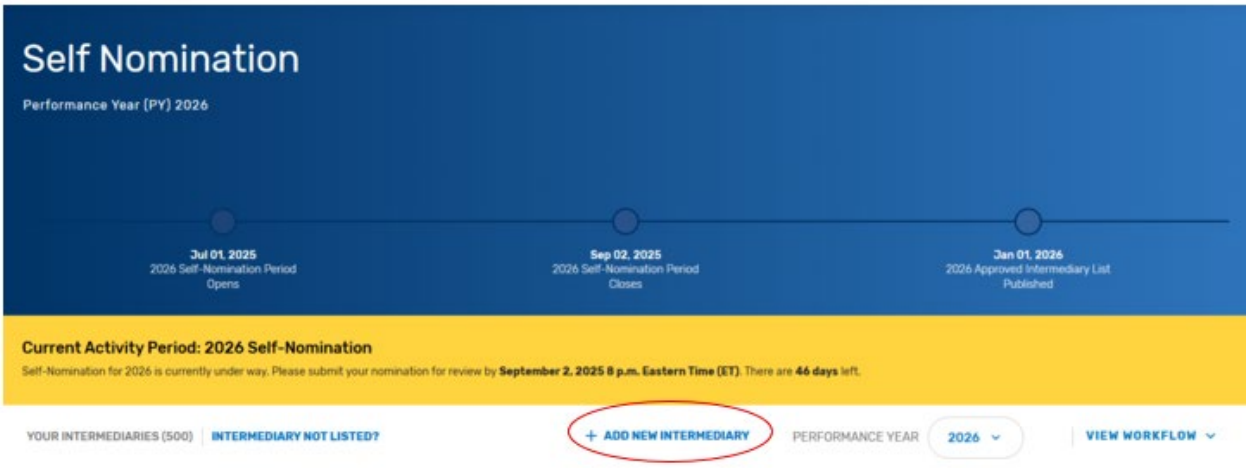
Please consider the following tips as you prepare to self-nominate:

- All QCDRs and Qualified Registries must complete and submit their Self-Nomination form via the QPP website. No other Self-Nomination form submission methods will be accepted.
- **Please contact the MIPS QCDR/Qualified Registry Support Team (Practice Improvement and Quality Measures Management Support [PIQMMS] Team) at QCDRVendorSupport@gdit.com or RegistryVendorSupport@gdit.com, if you can't find your simplified Self-Nomination form (instead of creating and submitting a new Self-Nomination form for your organization).**
- QCDRs and Qualified Registries must enter and maintain a Health Insurance Portability and Accountable Act (HIPAA)-compliant Business Associate Agreement (BAA) with its participating QPP participants that provides for receipt of patient-specific data. The BAA must account for the disclosure of quality measure results, numerator and denominator data, and/or patient-specific data on Medicare and non-Medicare patients on behalf of QPP participants.
- Prepare the information needed to complete the Self-Nomination form and data validation in advance of the attempt to self-nominate via the QPP website. The system will log you out after 30 minutes of inactivity.
- A third party intermediary's principal place of business and retention of associated CMS data must be within the U.S. CMS policy prohibits non-United States citizens from accessing CMS IT systems.
- The time required to complete this information collection is estimated to average 2.5 hours per Self-Nomination form, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the Self-Nomination form.
- You won't be able to successfully submit a Self-Nomination form unless all the required fields (marked with a red asterisk [*]) of all tabs have been filled out. However, once submitted, you may go back and edit your submission **until 8 p.m. ET on September 1, 2026. Do not click "SUBMIT FOR REVIEW" until all the required fields of all tabs have been completed.**
- Comment functionality is available in the Self-Nomination tool. It may be used for specifying any updates or informing CMS about any changes that have been applied to the self-nomination or QCDR measures. Refer to the "Comments" section of this user guide for additional information.
- Please ensure that a member of your organization **always has a QPP account with the appropriate associated role and that appropriate coverage is in place if the lead Self-Nomination contact person is out of the office.**
- If an error message is generated while in the QPP Self-Nomination website, you should try refreshing the page and/or clearing your cache.
- If you have questions about the 2027 Self-Nomination form, please contact the QPP

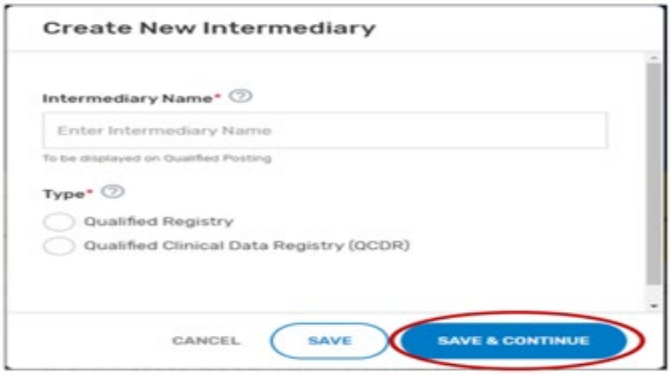
Service Center by emailing QPP@cms.hhs.gov, submitting a QPP Service Center ticket, or calling 1-866-288-8292 (Monday–Friday, 8 a.m. - 8 p.m. ET). People who are deaf or hard of hearing can dial 711 to be connected to a Telecommunications Relay Services (TRS) Communications Assistant.

Creating a Self-Nomination Form (prospective QCDRs/Qualified Registries)

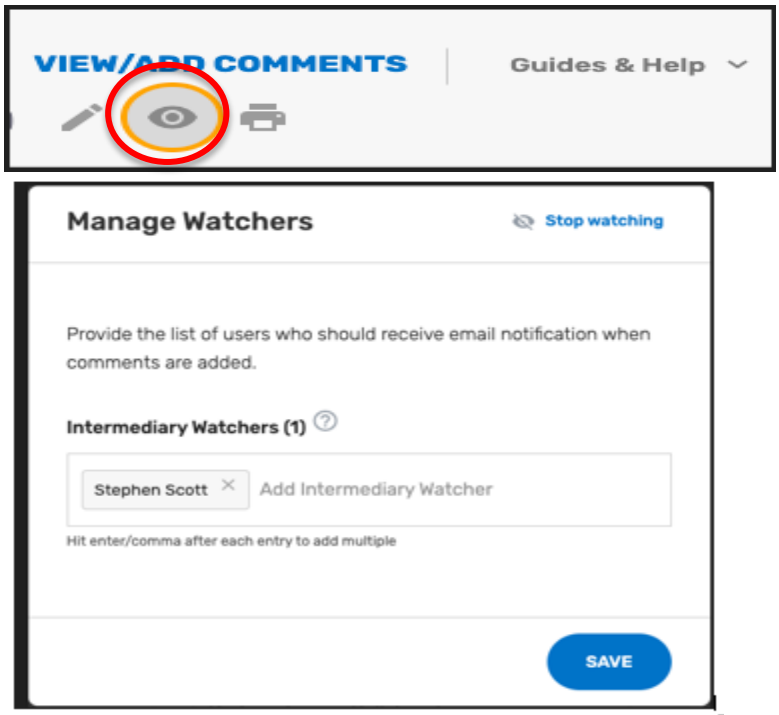
1. Click “Registry/QCDR Self-Nomination” under **Manage Access**.
   - Click “Add New Intermediary.”



2. Enter your intermediary name (to be displayed on the Qualified Posting) and indicate your QCDR’s or Qualified Registry’s intermediary type. Please ensure you’ve selected the correct intermediary type, as this may affect your application. If you would like to self-nominate to become both a QCDR and Qualified Registry, you must complete an application for each intermediary type.
3. Click “Save & Continue.”



4. Add 'Watchers' to monitor the status of your Self-Nomination form. This feature allows intermediaries to create a list of users who should receive email notifications when comments and/or status changes are provided. Make sure the "watcher(s)" you provide are kept current to prevent delays with your self-nomination. Watchers must have a HARP account to have access to the Self-Nomination form.

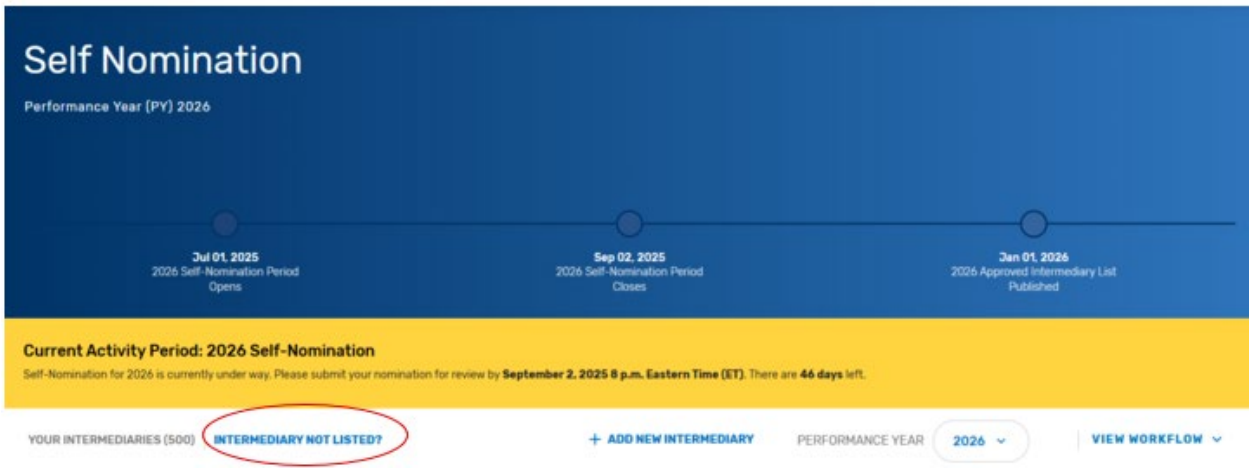


Creating a Self-Nomination Form (existing QCDRs/Qualified Registries not in good standing)

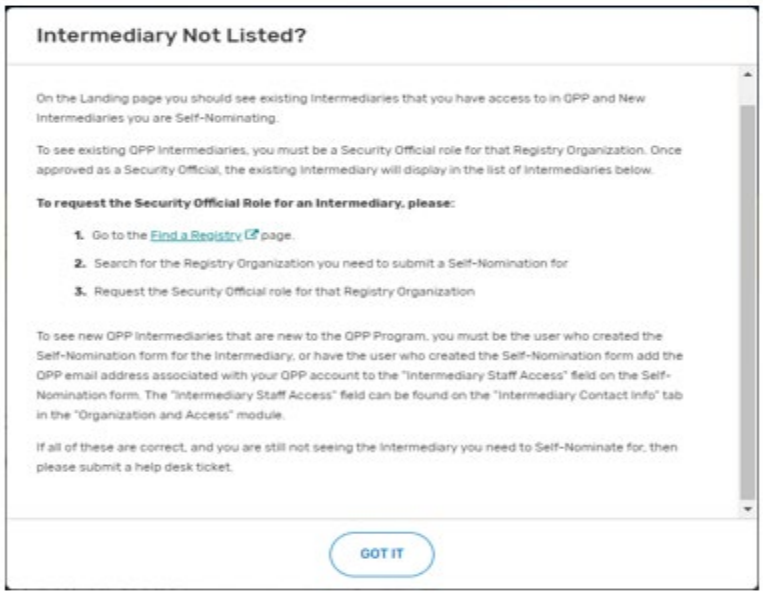
Find your intermediary name in the list on the Intermediary landing page with the Self-Nomination Form "Partially Renewed" status.

If you aren't seeing an intermediary that you know is active on the QPP website, please refer to the **Intermediary Not Listed** link for instructions on how to connect to that organization via the **Manage Access** page.

1. Click on the "INTERMEDIARY NOT LISTED" button.



Follow the directions provided in the “Intermediary Not Listed?” pop-up window.



Populating the 2027 Self-Nomination Form

Disclaimer: Most of the screenshots used in this section of the user guide were taken from the QCDR Self-Nomination form. Corresponding fields of the Qualified Registry Self-Nomination form may slightly differ.

The “Populating the 2027 Self-Nomination Form” process should be completed by prospective QCDRs/Qualified Registries or existing QCDRs/Qualified Registries that currently aren’t in good standing (i.e., remedial action was taken against the intermediary). Existing QCDRs/Qualified

Registries in good standing may refer to the "Populating the 2027 Simplified Self-Nomination form" section of this user guide for information on self-nominating. Existing QCDRs/Qualified Registries 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 submitting a new Self-Nomination form.

All content placed into the form is automatically saved when you move to the next field. If you can't complete the Self-Nomination form in one session, you may click the "Save & Close" button on the Self-Nomination form and come back to it later.

You may navigate between the Self-Nomination form tabs by clicking the appropriate tab on the left-hand side of the screen or at the bottom of the screen.

Populating the 2027 Simplified Self-Nomination Form

A Simplified Self-Nomination form is available to reduce the burden of self-nomination for those existing QCDRs/Qualified Registries that have previously participated in MIPS and are in **good standing** (remedial action hasn't been taken against the intermediary). Existing QCDRs/Qualified Registries in good standing should contact the MIPS QCDR/Qualified Registry Support Team (PIQMMS Team) at QCDRVendorSupport@gdit.com and 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).

- **QCDR/Qualified Registry with substantive changes** – existing QCDRs/Qualified Registries in good standing may also submit, for CMS review and approval, updates to a QCDR's/Qualified Registry's data validation, or a change in the organizational structure that would impact any aspect of the QCDR/Qualified Registry. Substantive changes impacting the organizational structure should be communicated to CMS as soon as

possible. Suggestions for new MIPS quality measures should go through the Annual Call for Measures process and updates to the existing MIPS quality measures should be submitted to the existing measure's steward. QCDRs/Qualified Registries aren't allowed to submit or create new MIPS quality measures during self-nomination. **Significant changes such as new collaborations may require a new Self-Nomination form.**

You may begin your 2027 Simplified Self-Nomination form by clicking "Get Started" on the Self-Nomination landing page. Existing QCDRs and Qualified Registries that are eligible for the Simplified Self-Nomination form will see a nomination status of "Renewed."

Intermediary ID: [redacted] **Nomination Status:** Renewed (Simplified Form)

The new fields in the 2027 Self-Nomination form (fields that are now required or include validation for a specific format [i.e., telephone number]) will need to be populated or updated for the Self-Nomination form to pass validation and be successfully submitted.

Intermediary Contact Info

Enter the name of your QCDR or Qualified Registry (if different from the intermediary name) and your organization's Taxpayer Identification Number (TIN). The intermediary name will be used as your QCDR or Qualified Registry name for CMS purposes. Please include the external organization that you're partnering or collaborating with as part of your intermediary name. The name of the external organization should be included in the intermediary name. Please indicate if your organization will be participating as both intermediary types (i.e., QCDR/Qualified Registry) for the 2027 MIPS performance period. The "Intermediary Staff Access" field will ONLY be seen if the Self-Nomination form is for a new intermediary. List email addresses for any additional staff at your organization who need to have access to the Self-Nomination form. To access an existing intermediary's Self-Nomination form, additional users must be connected to that organization as a "Security Official" role.

Intermediary Contact Info

Organization and Access

Organization Name*
Same as Intermediary Name
Organization Name

Partnerships or Collaborations
Partnerships or Collaborations

Intermediary Tax Identification Number (TIN)*
Organization TIN

Self-Nominating as a Qualified Registry and QCDR?*
Yes No

Intermediary Staff Access
Enter QPP Email(s)
Hit enter/comma after each entry to add multiple. Do not add your own email as you already have access.

1. Enter the mailing address for your QCDR or Qualified Registry.

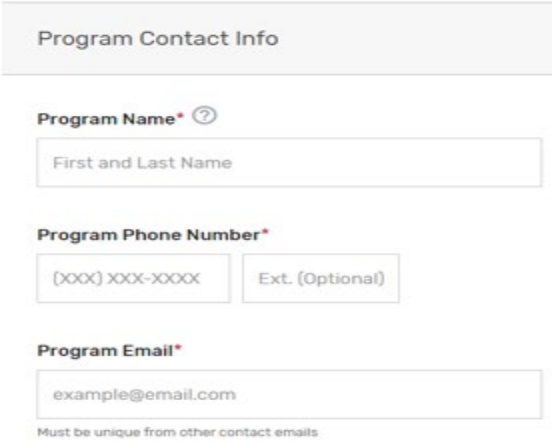
Intermediary Address*
Address
Suite (Optional)
City State Zip Code

2. Enter the QCDR's or Qualified Registry's contact information (i.e., Phone Number and Website). The "Phone Number" field should be populated as (XXX) XXX-XXXX.

Phone Number*
(XXX) XXX-XXXX Ext. (Optional)

Website*
www.yourwebsite.com

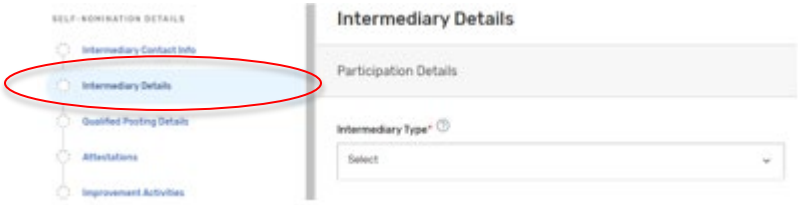
3. Enter the name, phone number, and email address for a program, clinical, and technical contact. You're required to provide 3 unique points of contact (POCs) for these 3 fields. Entering only 1 POC or different email addresses for the same POC (i.e., the same name is entered for the program and clinical contact with 2 different email addresses) isn't acceptable. If you would like to add additional POCs to be included in the email distribution to receive program announcements and support call information (if approved), please add the email address(es) in the "Additional Contact Email(s)" field.



This contact information will only be used in relation to your potential participation in the program. To ensure notices are received, please have these contacts add the QPP email to their safe/approved senders list.

Intermediary Details

1. Click the ***Intermediary Details*** tab.
2. Indicate your QCDR's or Qualified Registry's intermediary type. If "Health IT Vendor" or "Other" is selected, please specify.
3. Indicate if this is a new or existing QCDR or Qualified Registry that participated under MIPS and the Physician Quality Reporting System (PQRS). Select all the applicable years your QCDR or Qualified Registry participated in MIPS and/or PQRS as a QCDR or Qualified Registry. If you change intermediary type, your organization is considered as "new" for the given MIPS performance period. If you are an existing intermediary, you'll be required to answer the next question regarding your participation during the last 2 performance periods and the submission of MIPS data.

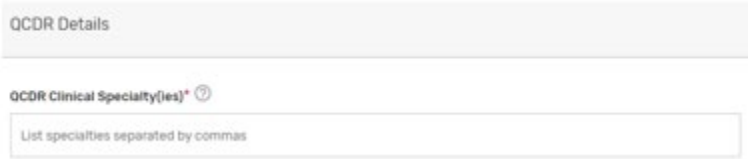


4. Indicate whether your intermediary has participated as a QCDR or Qualified Registry during the last 2 MIPS performance periods by selecting "Yes" or "No."

   - If 'Yes' is selected for the question above, answer the follow up question, "Did your intermediary not submit any MIPS data for either of the 2 years preceding the applicable Self-Nomination period on behalf of QPP participants and/or MVP participants?" If "No" is selected, no further information is needed. If "Yes" is selected, provide a detailed Self-Nomination participation plan on how your intermediary plans to encourage QPP participants to submit MIPS data to CMS and why you should still be able to participate as a qualified intermediary going forward.

5. Enter any other aliases or acronyms your QCDR or Qualified Registry currently uses or has used for participation as a QCDR or Qualified Registry in previous performance periods.

6. Please indicate your QCDR's or Qualified Registry's related clinical specialty(ies). List specialties separated by commas.



7. Does the QCDR plan to submit QCDR measures? Please select "Yes" or "No" **(QCDRs only).** To populate the ***QCDR Measures*** tab, your intermediary must choose "Yes" under the "Do you plan to submit QCDR Measures?" question to submit your QCDR measures for CMS consideration.

Do you plan to submit QCDR Measures?*

(●) Yes ( ) No

8. Describe how your QCDR meets the definition of a QCDR. **Reiterating CMS' definition of a QCDR doesn't suffice as justification as to how your QCDR meets the definition**. Please describe in **detail** your QCDR's clinical expertise and quality measure development experience, partnerships or collaborations, patient and/or disease tracking capability, method(s) used to foster quality improvement, and evidence of meeting the identified deficiencies to meet the definition of a QCDR (if applicable) **(QCDRs Only).**

   Please refer to the [2027 QCDR and Qualified Registry Self-Nomination Fact Sheet (PDF, 488KB)] for more detailed information on what's required.

Definition of a QCDR

For each of the fields below, please provide as much information as possible. This information will be considered during the Self-Nomination form review process. Please note, failure to provide substantial evidence may result in the rejection of your self-nomination. Refer to the QCDR Self-Nomination Fact Sheet for the given MIPS performance period for more detailed information on what is required.

QCDR Clinical Expertise*

Enter detailed description here

QCDR Quality Measure Development Experience*

Enter detailed description here

QCDR Partnerships or Collaborations*

Enter detailed description here

QCDR Patient and/or Disease Tracking Capability*

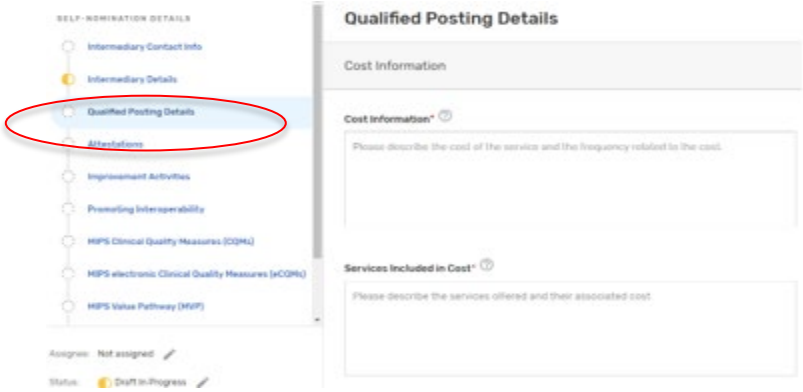
Enter detailed description here

Method(s) Used to Foster Quality Improvement*

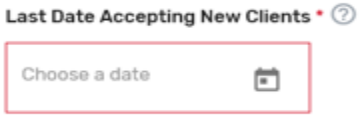
Enter detailed description here

Qualified Posting Details

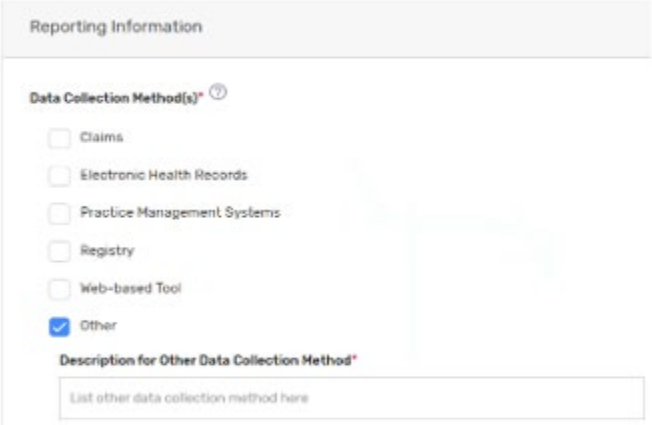
1. Click the ***Qualified Posting Details*** tab.
2. Indicate the cost information as well as the type of services your QCDR or Qualified Registry provides. If approved, this information will be included in the QCDR's or Qualified Registry's Qualified Posting. Please include frequency (monthly, annual, per submission), if the cost is per clinician/practice, and if there's a different cost for supporting traditional MIPS compared to MVPs. Make sure to provide in detail the differences in cost/services in each Self-Nomination form, if you're an intermediary that selected "Yes" to self-nominate as both a QCDR and Qualified Registry in the ***Intermediary Contact Info*** tab.



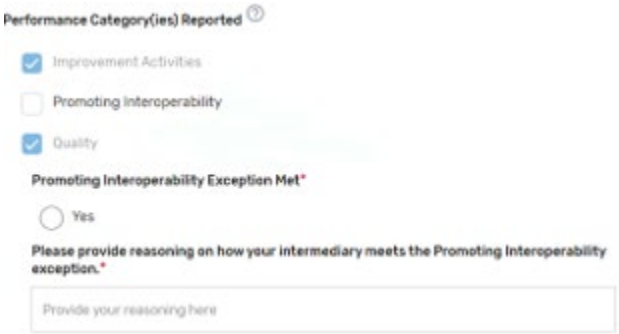
3. Indicate the latest date your QCDR or Qualified Registry can accept new clients. Please add the date as MM/DD/YYYY. The performance period starts January 1, 2027, and ends December 31, 2027. As a reminder, data submissions begin January 2, 2028, and end on March 31, 2028.



- Indicate the data collection method(s) your QCDR or Qualified Registry supports. If "Other" is selected, please specify the data collection method in the corresponding field.



4. Select the performance category(ies) you'll be supporting. The quality and improvement activities performance categories are grayed out as your QCDR or Qualified Registry must support quality and improvement activities. **QCDRs and Qualified Registries that submit data are REQUIRED to support the quality, Promoting Interoperability, and improvement activities performance categories. A third party intermediary could be exempted from Promoting Interoperability if ALL its QPP participants fall under the reweighting policies.** For more information, please see the MIPS Promoting Interoperability Requirements.



The quality and improvement activities performance categories are grayed out as your QCDR or Qualified Registry must support quality and improvement activities.

5. Indicate which reporting options you'll support for your QPP participants. **QCDRs and Qualified Registries must support MVPs that are *relevant* to the specialties supported.** An intermediary may be exempted from supporting MVPs if none of the approved MVPs for the given MIPS performance period are relevant to the specialties supported. QCDRs and Qualified Registries may also support the APM Performance Pathway (APP).

Reporting Option(s) Supported*

- [x] Traditional MIPS
- [ ] APM Performance Pathway (APP)
- [ ] MIPS Value Pathway (MVP)

MIPS Value Pathway (MVP) Exception Met*

- ( ) Yes

Please provide reasoning on how your intermediary the MIPS Value Pathway (MVP) exception.*

Provide your reasoning here

6. Indicate which participation options you'll support for your QPP participants.

Participation Option(s) Supported*

- [ ] Group
- [ ] Virtual Group
- [ ] APM Entity
- [ ] MIPS Eligible Individual Clinician
- [ ] Subgroup

Attestations

1. Click the ***Attestations*** tab.

- Intermediary Contact Info
- Intermediary Details
- Qualified Posting Details
- Attestations
- Improvement Activities
- Promoting Interoperability
- MIPS Clinical Quality Measures (CQMs)
- MIPS electronic Clinical Quality Measures (eCQMs)

2. Please review and answer the Self-Nomination attestation questions and indicate if your QCDR or Qualified Registry can meet these program requirements. **To be considered, a QCDR or Qualified Registry must attest "Yes" to all the Self-Nomination attestations.** Review the "Participation" statement and enter your name to attest that your QCDR or Qualified Registry meets the participation requirements.

Self Attestations

I attest that as a QCDR, I will attend and complete training and support sessions in the form and manner, and at the times, specified by the Centers for Medicare & Medicaid Services (CMS). If I cannot attend, I will ensure that my QCDR is represented by another member of my team.*

◯ Yes

I attest that as a QCDR, I have had previous experience collecting and transmitting data through a registry type platform, and can validate the operational feasibility and technical capabilities to support reporting of data for the quality, MIPS Value Pathway (MVP), Promoting Interoperability, and Improvement Activity performance categories from the start of the performance period.*

◯ Yes

I certify to the best of my knowledge that all of the submitted information is true, accurate, and complete including the acceptance of data exports directly from an electronic health record (EHR) or other data sources. If I become aware that any submitted information is not true, accurate, and complete, I will correct such information promptly prior to submission, or refrain from submitting it. I understand that the knowing omission, misrepresentation, or falsification of any submitted information may be punished by criminal, civil, or administrative penalties, including fines, civil damages, and/or imprisonment.*

◯ Yes

I attest that, per the requirements, our intermediary has the ability to randomly request and receive documentation from providers to verify accuracy of data. Your intermediary will provide CMS access to review the Medicare beneficiary data on which the 2026 QPP QCDR/Qualified Registry-based submissions are based or provide to CMS a copy of the actual data (if requested for validation purposes).*

◯ Yes

I attest that I have at least 25 participants by January 1 of the year prior to the applicable performance period. These participants don't need to use the QCDR to report MIPS data to CMS, but they must submit data to the QCDR for quality improvement. Documentation will be provided to CMS upon request. In addition, as a QCDR up and running, and able to accept data from MIPS eligible clinician, group, virtual group, subgroup, or Alternative Payment Model (APM) Entity, including any Shared Savings Program ACO, starting on January 1 of the performance period. This also applies to both voluntary and opt-in MIPS eligible clinicians and groups.*

◯ Yes

I attest that I understand that QCDRs must identify, track, and submit which clinicians are interested in participating in MIPS and have chosen to opt-in or voluntarily participate in MIPS at the time of data submission.*

◯ Yes

I attest that I understand the QCDR qualification criteria and program requirements and will meet all program requirements (such as provide performance feedback at least 4 times a year on all supported performance categories and provide specific feedback to clinicians and groups on how they compare to other clinicians and groups who have submitted data on a given quality (MIPS quality measure and/or QCDR measure) measure). The 4 performance feedback reports must be provided during the given MIPS performance period and performance period data submission period. If your intermediary cannot provide at least 4 performance category feedback reports due to receiving data at the end of the performance period, your intermediary must provide sufficient rationale as to why your QCDR would not be able to meet this requirement. Each QCDR would still be required to submit notification to CMS within the reporting period promptly within the month of realization of the impending deficiency to be considered for this exception, as discussed at § 414.1400(b)(3)(iii).*

◯ Yes

I attest that I understand as a QCDR that failure to meet qualification criteria and compliance with program requirements may result in my QCDR having remedial action taken against my QCDR or terminated as an intermediary from MIPS participation in the future.*

◯ Yes

I attest that I understand that an intermediary's principal place of business and retention of associated CMS data must be within the U.S. and by attesting to this statement, our QCDR's principal place of business and retention of associated CMS data is within the U.S.*

◯ Yes

I attest that I understand as an intermediary we will agree to provide services for the entire MIPS performance period and applicable data submission period. Prior to discontinuing services to any MIPS eligible clinician, group, virtual group, subgroup, or APM Entity including any Savings Program ACOs, during a MIPS performance period, the intermediary must support the transition of such MIPS eligible clinician, group, virtual group, subgroup, or APM Entity including any Savings Program ACO, to an alternate intermediary, submitter type, or, for any measure on which data has been collected, collection type according to a CMS approved transition plan. This also applies to both voluntary and opt-in MIPS eligible clinicians and groups.*

◯ Yes

I attest that as a QCDR, I will use the validation methods that currently exist for Promoting Interoperability measures and Improvement Activities to support the reporting of those performance categories.*

◯ Yes

I attest the submitted MIPS data includes all-payer data, not just Medicare Part B patients. *

◯ Yes

I attest the submitted data will use a CMS-specified secure method for data submission, such as a defined QPP data format. Additional information regarding data submission methodologies can be found in the Developer Tools section of the Resource Section of the QPP website https://qpp.cms.gov/developers.*

◯ Yes

I attest to provide information on our process for data validation for MIPS eligible clinician, group, virtual group, subgroup, or APM Entity including any Savings Program ACO within our data validation. This also applies to both voluntary and opt-in MIPS eligible clinicians and groups*

◯ Yes

I attest to execute our 2026 Data Validation and provide CMS the results (i.e., results of the data validation/targeted audits, identifying calculation issues, why they occurred and what was done to remediate.) The execution of the Data Validation strategy, including the identification and correction of those errors to be completed prior to the submission of data for the 2026 MIPS performance period, for all performance categories supported.*

◯ Yes

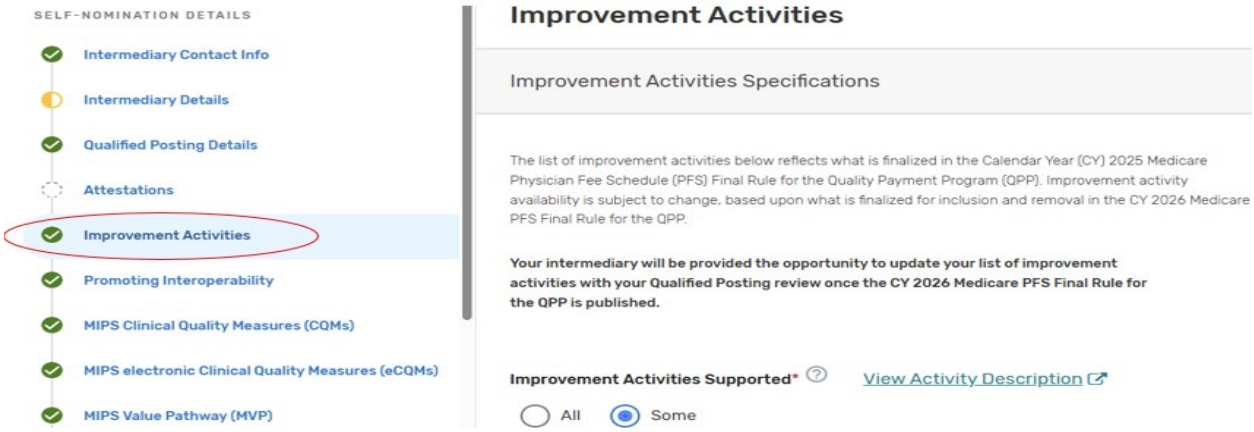
Submitter Signature*

First and Last Name

These attestations include the acceptance of data exports directly from an Electronic Health Record (EHR) or other data sources. If you become aware that any submitted information isn't true, accurate, and complete, you'll correct such issues promptly prior to submission or refrain from submitting it.

Improvement Activities

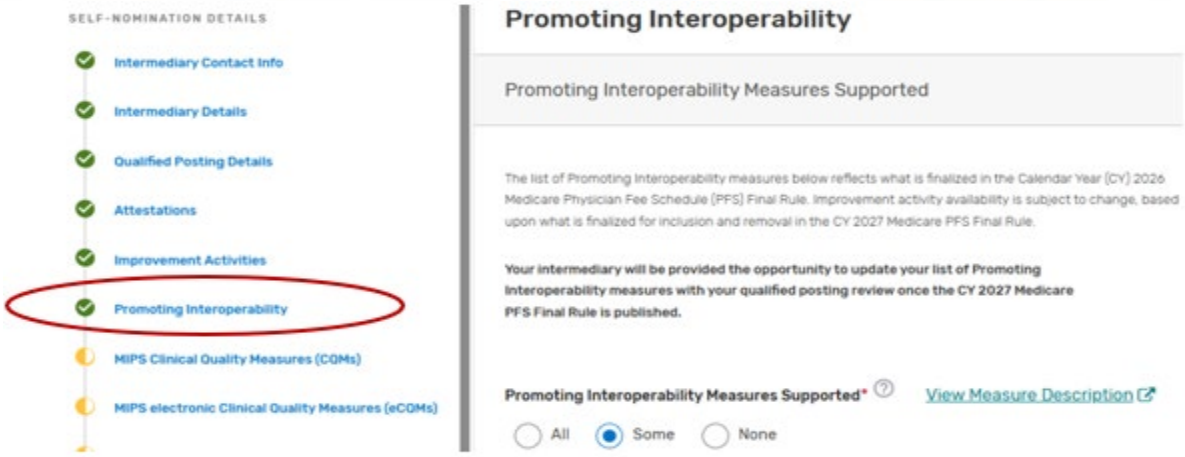
1. Click the ***Improvements Activities*** tab.



2. You may select "All" or "Some". The list of supported improvement activities will appear if 'Some' is selected. For more information, please see the 2026 Improvement Activities Requirements. Improvement activities availability is subject to change, based upon what is finalized for inclusion and removal in the CY 2027 Medicare PFS Final Rule availability.
3. You may select each improvement activity you will support from the list of all the improvement activities. A list will display and update after each individual improvement activity is selected. Select 'All', instead of selecting each improvement activity from the drop-down, if you'll support all the improvement activities.
4. You may remove a selected individual improvement activity by clicking the "X" next to each selected improvement activity or click "Clear all" to remove all the selected improvement activities. In addition, you may use the "Search" function to look up specific improvement activities.
5. To edit your improvement activities, refer to the "Modifying a Self-Nomination" section of this user guide.

Promoting Interoperability

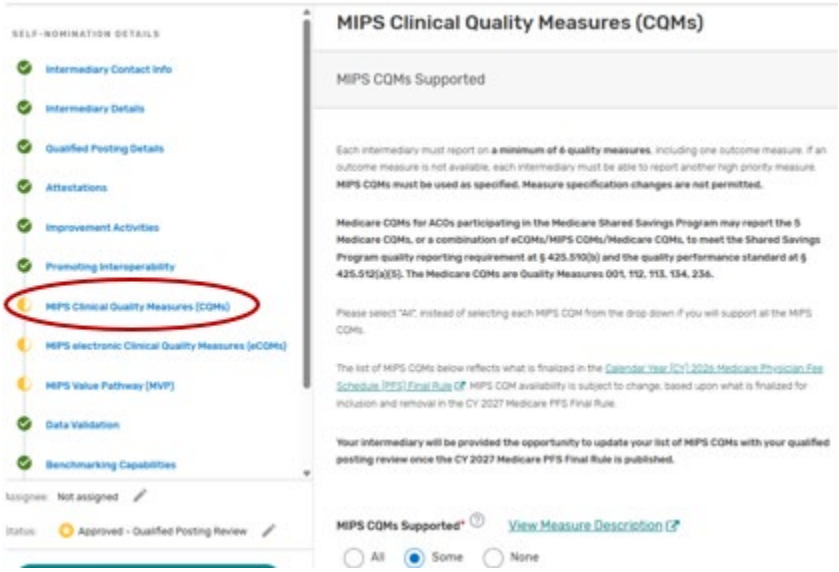
1. Click the ***Promoting Interoperability*** tab.



2. You may select “All,” “Some,” or “None.” The list of supported Promoting Interoperability objectives and measures will appear if “Some” is selected. Promoting Interoperability objectives and measures availability is subject to change, based upon what is finalized for inclusion and removal in the CY 2027 Medicare PFS Final Rule. A third party intermediary could be excepted from Promoting Interoperability if ALL its QPP participants fall under the reweighting policies. If you select “None,” make sure you uncheck “Promoting Interoperability” under the Reporting Options section on the ***Qualified Posting Details*** tab. A field will display to provide an attestation of the exception criteria. For more information, please see the MIPS Promoting Interoperability Requirements. You may select each Promoting Interoperability measure you’ll support from the list of all the Promoting Interoperability objectives and measures. Each individual objective or measure selected will show after each objective or measure is selected. Select “All,” instead of selecting each Promoting Interoperability objective and measure from the drop-down if you’ll support all the Promoting Interoperability objectives and measures.
3. You may remove a selected measure by clicking the “X” next to each selected objective or measure or clicking “Clear all” to remove all the selected objectives or measures. In addition, you may use the ‘Search’ function to look up specific objectives or measures.
4. To edit your selected measures, refer to the ‘Modifying a Self-Nomination’ section of this user guide.

MIPS Clinical Quality Measures

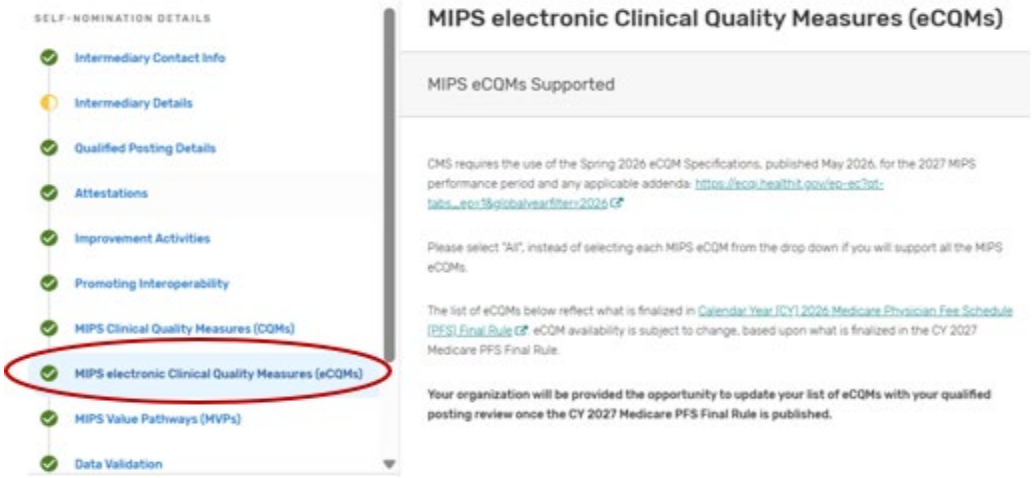
1. Click the ***MIPS Clinical Quality Measures (CQMs)*** tab.



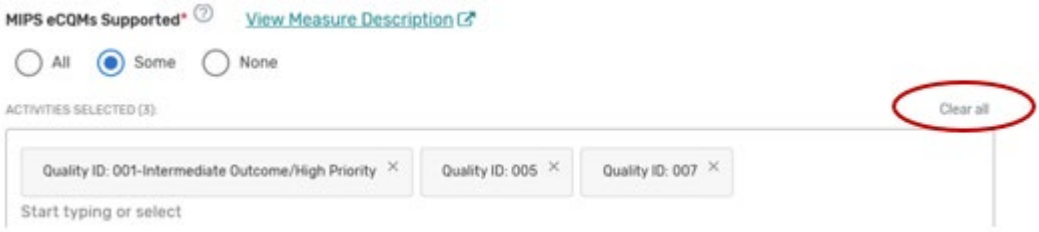
2. You may select “All,” “Some,” or “None.” The list of individual MIPS CQMs will appear if ‘Some’ is selected. The MIPS CQM must be used as specified. Measure specification changes aren’t permitted. MIPS CQM availability is subject to change, based upon what is finalized for inclusion and removal in the CY 2027 Medicare PFS Final Rule.
3. You may select each MIPS CQM you’ll support from the list of all the MIPS CQMs. Each MIPS CQM selected will show after each measure is selected. Select “All”, instead of selecting each MIPS CQM from the drop down if you’ll support all the MIPS CQMs. ACOs participating in the Medicare Shared Savings Program may report the 5 Medicare CQMs, or a combination of eCQMs/MIPS CQMs/Medicare CQMs, to meet the Shared Savings Program quality reporting requirement at § 425.510(b) and the quality performance standard at § 425.512(a)(5).The Medicare CQMs are Quality Measures 001SSP, 112SSP, 113SSP,134SSP, and 236SSP.
4. You may remove a selected MIPS CQM by clicking the “X” next to each selected measure or click “Clear all” to remove all the selected measures. In addition, you may use the ‘Search’ function to look up specific measures.
5. To edit your individual MIPS CQMs, refer to the “Modifying a Self-Nomination” section of this user guide.

MIPS electronic Clinical Quality Measures

1. Click the ***MIPS electronic Clinical Quality Measures (eCQMs)*** tab.

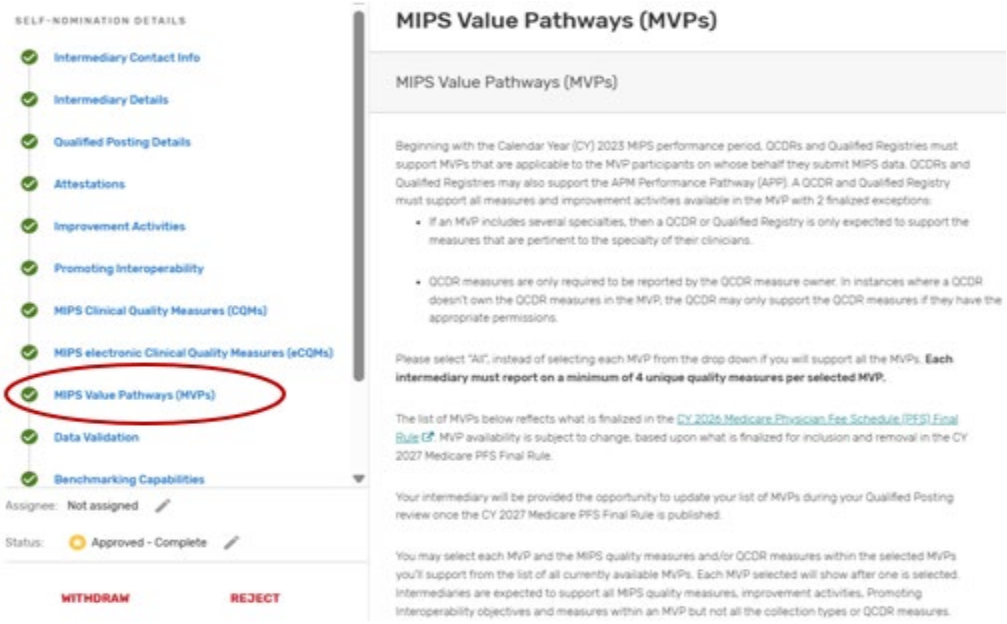


2. You may select “All,” “Some,” or “None.” The list of individual eCQMs will appear if “Some” is selected. The eCQM must be used as specified. Measure specification changes aren’t permitted. eCQM availability is subject to change, based upon what’s finalized for inclusion and removal in the CY 2027 Medicare PFS Final Rule.
3. You may select each eCQM you’ll support from the list of all the eCQMs. Each eCQM selection will show after each measure is selected. Select “All”, instead of selecting each eCQM from the drop down if you’ll support all the eCQMs.
4. You may remove a selected eCQM by clicking the “X” next to each selected measure or clicking “Clear all” to remove all the selected measures. In addition, you may use the “Search” function to look up specific measures.
5. To edit your individual eCQMs, refer to the “Modifying a Self-Nomination” section of this user guide.



MIPS Value Pathways (MVPs)

1. Click the ***MIPS Value Pathways*** **(MVPs)** tab.



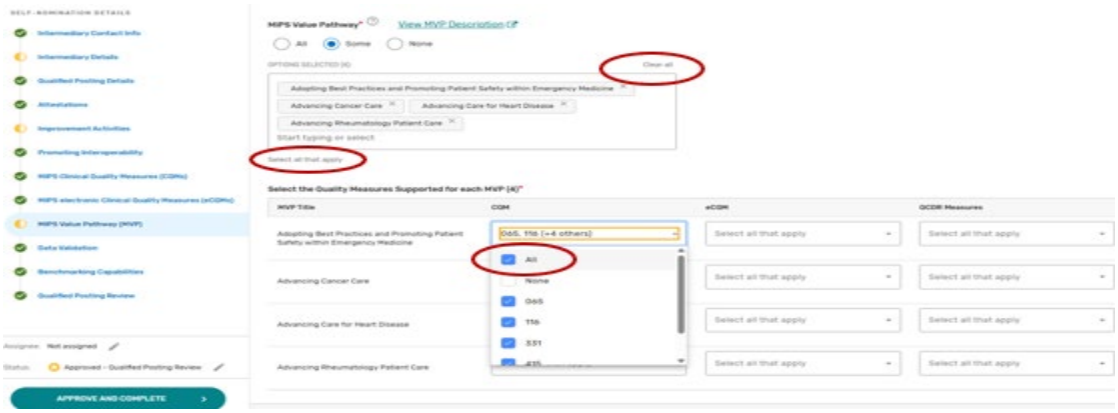
2. You may select “All,” “Some,” or “None.” The list of individual MVPs will appear if “Some” is selected. The list of MVPs reflects what’s finalized in the CY 2026 Medicare PFS Final Rule. MVP availability is subject to change, based upon what’s finalized for inclusion and removal in the CY 2027 Medicare PFS Final Rule. Intermediaries will be given the opportunity to update the specified MVPs after the CY 2027 Medicare PFS Final Rule has been published.
3. You may select each MVP, and the MIPS quality measures and/or QCDR measures within the selected MVPs you’ll support from the list of all currently available MVPs. Each MVP selected will show after one is selected. Select ‘All’ instead of selecting each individual MVP from the drop down if you’ll support all the MVPs. Intermediaries are expected to support all MIPS quality measures, improvement activities, Promoting Interoperability objectives, and measures within an MVP but not all the collection types or QCDR

measures. QCDRs should obtain permission to borrow the QCDR measure(s) from the applicable QCDR measure owner(s). A QCDR and Qualified Registry must support all measures and improvement activities available in the MVP with 2 finalized exceptions:

- If an MVP includes several specialties, then a QCDR or Qualified Registry is only expected to support the measures that are pertinent to the specialty of their clinicians.
- 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.

Each intermediary must support all quality reporting requirements as outlined in the CY 2027 Medicare PFS Final Rule. It is important to note that beginning with the CY 2026 MIPS performance period, intermediaries must support MVPs that are applicable to the MVP participants on whose behalf they submit MIPS data no later than 1 year after finalization of the MVP in accordance with the current requirement.

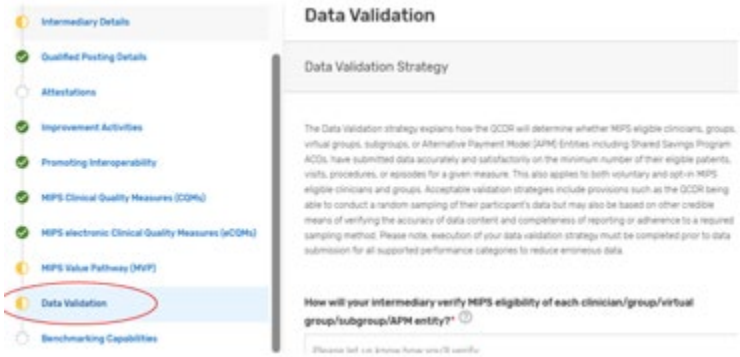
4. Intermediaries may select "All CQMs," "All eCQMs," and "All QCDR Measures" for each MVP measure drop-down rather than individually selecting quality measures in each table column.
5. You may remove a selected MVP by clicking the "X" next to each selected MVP or clicking 'Clear all' to remove all the selected MVPs. In addition, you may use the 'Search' function to look up specific MVPs.
6. To edit your individual MVPs, refer to the "Modifying a Self-Nomination" section of this user guide.



Data Validation

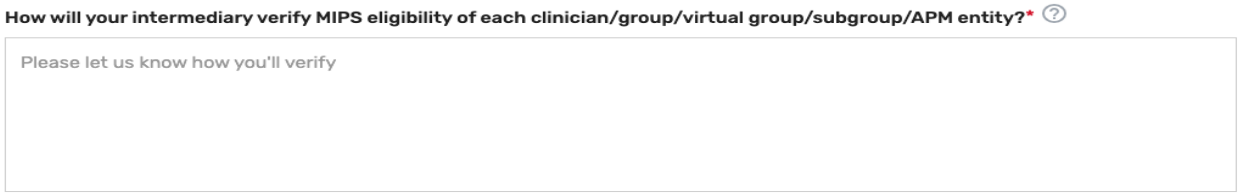
On this tab, you'll be asked to specify the methodology your QCDR or Qualified Registry will use for validating the data being submitted to CMS for traditional MIPS, MVPs, and the APP reporting. **All fields are required to be populated.** The data validation strategy must be populated into the pre-formulated fields in the Self-Nomination form. **CMS will only review the information populated in the pre-formulated fields for purposes of satisfying the data validation strategy. Execution of your data validation strategy must be completed prior to**

the 2027 MIPS data submission period for all performance categories supported, so errors can be corrected prior to data submission for the 2027 MIPS performance period. All data that's eligible to be submitted for the MIPS program (traditional MIPS, MVPs reporting, or the APP) is subject to validation, regardless of whether they're QPP participants. Voluntary, opt-ins, and virtual groups are currently excluded from MVPs reporting.

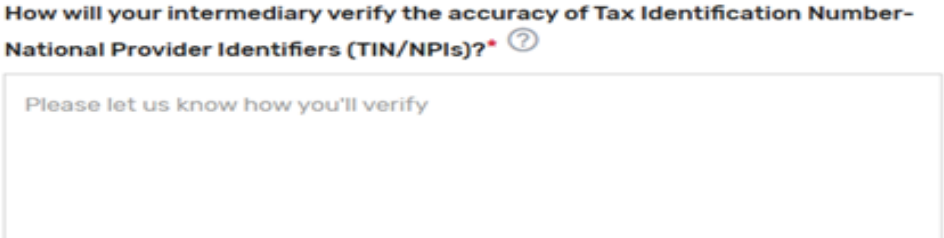


Populating Data Validation

- Describe how your QCDR or Qualified Registry will verify MIPS eligibility for each QPP participant (i.e., verify all participation categories meet the eligibility thresholds). **A QPP participant's self-attestation <u>doesn't</u> suffice.**



- Indicate the method your QCDR or Qualified Registry will use to verify the accuracy of TINs and/or National Provider Identifiers (NPIs) intended for submission (i.e., CMS National Plan and Provider Enumeration System (NPPES), CMS claims, and/or tax documentation). **Each QPP participant's self-attestation <u>doesn't</u> suffice.**



- Describe the method your QCDR or Qualified Registry will use to accurately calculate reporting and performance rates (i.e., formulas included in the quality measure specifications).

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

Please let us know your method

- Describe the system your QCDR or Qualified Registry will use to verify that only 2027 versions of MIPS quality measures, QCDR measures, Medicare CQMs for ACOs, improvement activities, and Promoting Interoperability measures are reported for MIPS submission.

Describe the system your intermediary will use to verify that only 2027 versions of measures and activities are reported for MIPS submission.*

Please let us know how your organization will verify

- Describe the process used to complete the data validation 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 the MIPS measures were accurately reported based on the appropriate measure specifications (that is, accuracy of numerator, denominator, and exclusion criteria). The QCDR/Qualified Registry must provide their sampling methodology that would be used to conduct the audits. The QCDR or Qualified Registry, at a minimum, must meet the following sampling methodology to meet participation requirements:
  - Sample size of at least 3% of a combination of individual clinicians, groups, virtual groups, subgroups, and APM Entities, including Shared Savings Program ACOs, 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;
  - Sample size 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, 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 doesn't need to include more than 50 patients.

The data validation audit and targeted audit aren't the same audit. See further details in the targeted audit section.

Describe the process used for completion of data validation audit.*

Please let us know your process

- Describe the process used to complete a targeted audit if data validation inaccuracies are identified during the data validation audit. A targeted audit is only required if the data validation audit identifies deficiencies or data errors. The targeted audit should include a description of the root cause analysis, how the deficiency or data error was corrected, and the percentage of your total QPP participants, that were impacted by the deficiency or data error. The sample used for auditing in the targeted audit can't include data used for the data validation audit in which the deficiency or data error was identified (i.e., select an additional 3% of the sample in addition to the QPP participants, that were impacted by the identified deficiency or data error). The aspect of the audit that's considered "the detail" is the specific deficiency or data error for which you're auditing.

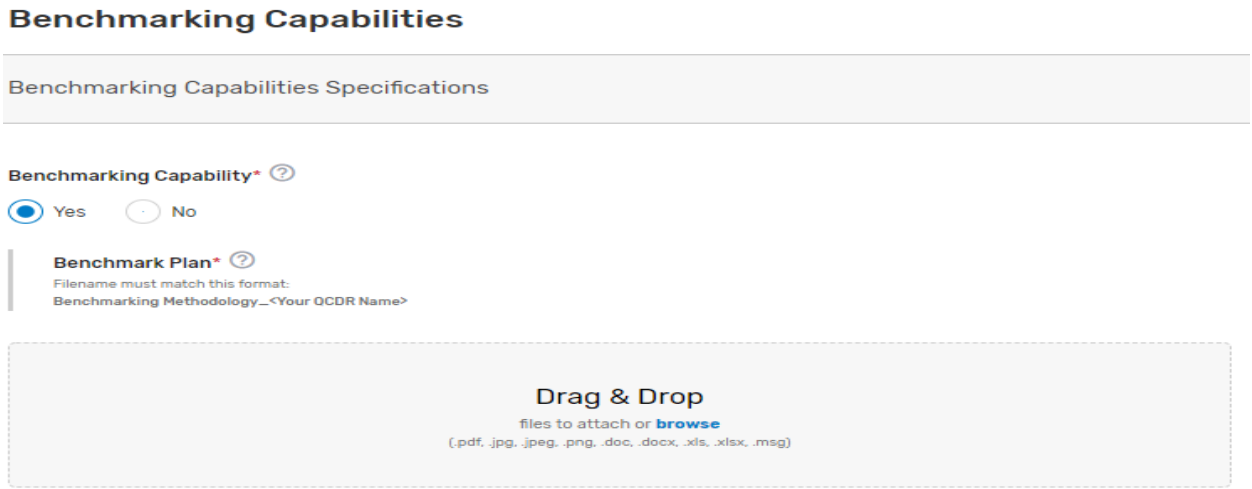
Describe the process used for completion of the targeted audit.*

Please let us know your process

Benchmarking Capabilities (QCDR ONLY)

This tab is optional and should **ONLY** be used by QCDRs for CMS consideration.

1. Indicate whether you have benchmarking capability (QCDR only). Upload your benchmarking plan in the “file uploads” section if “Yes” is selected. Don’t upload the attachment to the comment section.



QCDR Measures (QCDR ONLY)

This tab is optional and should ONLY be used by QCDRs if they’re submitting QCDR measures (maximum of 30) for CMS consideration.

QCDR measures are required to be submitted using the ***QCDR Measures*** tab. This tab should only be filled out by QCDRs who meet the definition of a QCDR, are self-nominating as a QCDR for 2027, and want to self-nominate QCDR measures for CMS consideration.

Existing QCDRs in good standing will see prepopulated 2026 approved QCDR measures in their Simplified Self-Nomination form. Action will need to be taken to update newly required fields and any specification changes for 2027. QCDRs in good standing may also submit new QCDR measures for CMS consideration for the 2027 MIPS performance period.

In instances where a QCDR believes a low-reported QCDR measure that didn't meet benchmarking thresholds is still important and relevant to a specialist's practice, the QCDR may develop and submit a QCDR measure participation plan for CMS consideration. This QCDR measure participation plan must include the QCDR's detailed plans and changes that will encourage MIPS eligible clinicians and groups to submit data on the low-reported QCDR measure for MIPS program purposes.

As examples, a QCDR measure participation plan could include one or more of the following:

- Development of an education and communication plan.
- Update of the QCDR measure's specification with changes to encourage broader participation.
- Requirement of reporting on the QCDR measure as a condition of reporting through the QCDR.

Populating QCDR Measures

All fields denoted with an asterisk (*) are required. The *QCDR Measures* tab has built in validation to ensure that all required fields are completed. Please ensure that all fields are checked for grammar and typographical errors. A complete list of fields with instructions is at the end of this section.

Select the ***QCDR Measures*** tab to begin the QCDR measure submission process:

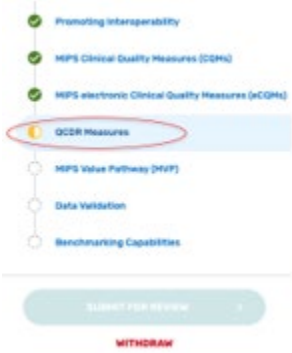
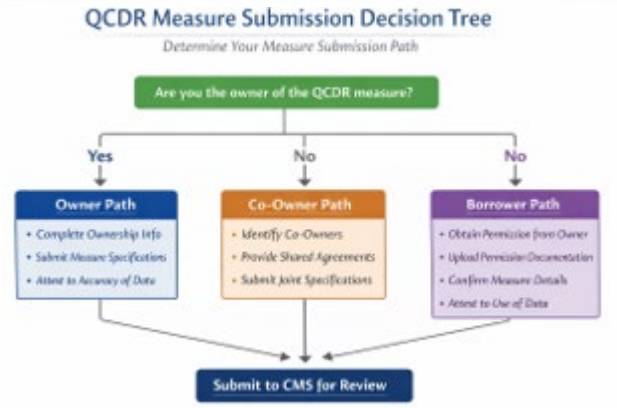


Diagram 1 provides a QCDR measure decision tree to help your organization determine the appropriate QCDR measure submission path.

Diagram 1. QCDR Measure Submission Decision Tree



Pre-Populated Existing QCDR Measures

The QCDR measures are pre-populated in the "DRAFTS" section under the ***QCDR Measures*** tab as part of the Simplified Self-Nomination form process for QCDRs in good standing from the previous MIPS performance period.

To view your pre-populated existing QCDR measures:

1. Click "DRAFTS."
2. Click the down arrow in the "DRAFTS" box.
3. Click the 'Edit Details' button of the QCDR measure to be completed.
4. Complete all required fields. Required fields will vary depending on the QCDR measure owner status, measure adoption, and new versus existing QCDR measure status.
5. When all required fields are completed and ready for CMS submission, click the "Submit to CMS" button located at the bottom of your screen. If the button is grayed out, please review and complete the missing required fields.

Self-Nominate QCDR Measures

These QCDR measures can be new or existing QCDR measures that the QCDR would like to submit for CMS consideration. This would include existing QCDR measures that didn't meet the criteria to be in the pre-populated form (i.e., a QCDR measure borrowed from another QCDR or

a QCDR measure that wasn't approved for the prior year but had previously been in the program).

To submit a QCDR measure for CMS consideration:

1. Click on "+ Add QCDR Measure."

2. Indicate the measure owner status. Select "Yes," "No," or "Co-owned by 2 or more QCDRs" for this field.

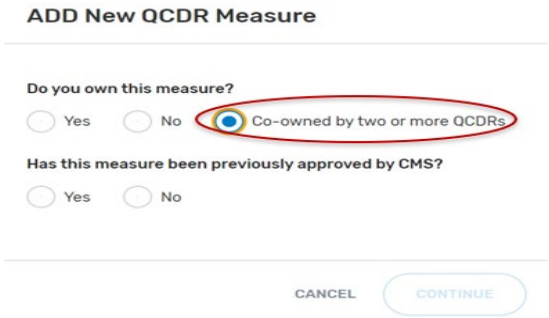
- By selecting "Yes," you're attesting that you own or co-own the QCDR measure.
- By selecting "No," you're attesting that you don't own or co-own the QCDR measure and currently have written permission from the QCDR measure owner to use the QCDR measure. The QCDR measure owner must be an active and approved QCDR for the given Self-Nomination period. The MIPS QCDR/Qualified Registry Support Team (PIQMMS Team) will confirm that the appropriate permission has been given by the QCDR measure owner as part of the QCDR measure review process.
    - During the measure specification process, the QCDR measure owner will verify that all QCDRs attesting to borrowing their QCDR measure have permission to do so.
    - Each QCDR measure owner will be provided with names of other QCDRs that have attested to borrowing their QCDR measure.
- By selecting "Co-owned by 2 or more QCDRs,' you're attesting that you're a co-owner of the QCDR measure.
- "Are you the primary steward?" field:
    - This field needs to be answered "Yes" by the co-owner taking primary responsibility for the QCDR measure. The purpose of assigning a primary steward is to aid in determining appropriate measure specifications if there's conflicting information between QCDR measure owners.

Owned QCDR Measures

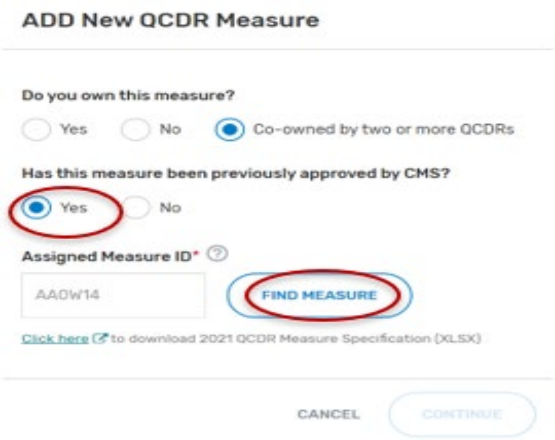
1. "Do you own this measure?" field:
    - Select "Yes" and click continue.
2. Complete all required fields. Required fields will vary depending on the QCDR measure owner status.
3. When all required fields are completed and ready for CMS submission, click on the 'Submit to CMS' button located at the bottom of your screen. If the button is grayed out, please review and complete the missing required fields.

Co-Owned by 2 or more QCDRs

1. "Do you own this measure?" field:
    - Select "Co-owned by 2 or more QCDRs".



2. "Has this measure been previously approved by CMS?" field:
    - Select "Yes" or "No" and then the "Continue" button located at the bottom of your screen.
3. If "No" was selected:
    - Populate the required fields that are present.
4. If "Yes" was selected:
    - Type in the "Assigned Measure ID." Any QCDR measure that was approved for the previous MIPS performance period can be entered.
        - QCDR measures not approved for the previous MIPS performance period, PY 2026, that was approved for a performance period prior to PY 2026 (PY 2025 or prior), will have to be submitted as a "New" measure as those measure IDs won't be found.
    - Click on "Find Measure." If the correct QCDR measure information appears, select the 'Continue' button located at the bottom of your screen.

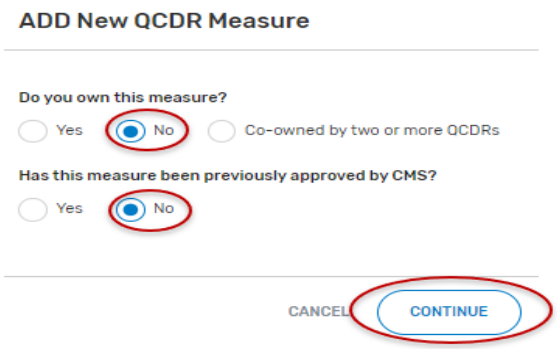


5. Complete all required fields. Required fields will vary depending on the QCDR measure owner status.
6. When all required fields are completed and ready for CMS submission, click the "Submit to CMS" button located at the bottom of your screen. If the button is grayed out, please review and complete the missing required fields.

Borrowed QCDR Measures

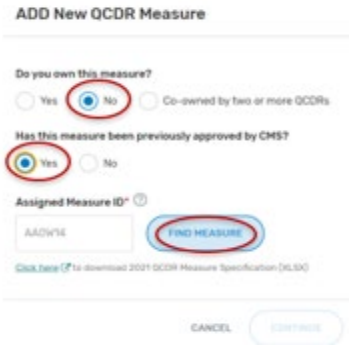
The QCDR measure owner must be an active and approved QCDR for the given Self-Nomination period. CMS and the MIPS QCDR/Qualified Registry Support Team (PIQMMS Team) will confirm that the appropriate permission has been given by the QCDR measure owner as part of the QCDR measure review process.

1. "Do you own this measure?" field:
    - Select "No".
2. "Has this measure been previously approved by CMS?" field:
    - Select "Yes" or ''No" and the "Continue" button located at the bottom of your screen.
    - If "No" is selected:
        - Populate the required fields.
        - When uploading the written permission documentation from the QCDR measure owner to use the QCDR measure, please include the date of the upload in the file name.
            - Note: The required fields are limited to fields that a borrowing QCDR needs to complete, and these fields differ from the QCDR measure owner fields. The remaining QCDR measure specifications will be collected from the QCDR measure owner.
            - When all required fields are completed and ready for CMS submission, click the "Submit to CMS" button located at the bottom of your screen. If the button is grayed out, please review the submission for missing required fields.



- If "Yes" is selected:
  - Type in the "Assigned Measure ID" for the given QCDR measure. Any QCDR measure that was approved for the prior MIPS performance period can be entered.

3. QCDR measures not approved for the previous MIPS performance period, PY 2026, that was approved for a performance period prior to PY 2026 (PY 2025 or prior), will have to be submitted as a "New" measure as those measure IDs won't be found.
   - Click "Find Measure". If the correct QCDR measure information appears, select "Continue" located at the bottom of your screen.
4. If an incorrect Assigned Measure ID is entered, you won't be able to continue until an existing Measure ID is entered (don't use spaces, see example below). Please ensure the QCDR measure you're attempting to locate was approved for the previous MIPS performance period.
   - Populate the required fields. Note: The required fields are limited to fields that a borrowing QCDR needs to complete, and these fields differ from the QCDR measure owner fields. The remaining QCDR measure specifications will be collected from the QCDR measure owner.
   - When all required fields are completed and ready for CMS submission, click the "Submit to CMS" button located at the bottom of your screen. If the button is grayed out, please review the submission for missing required fields.

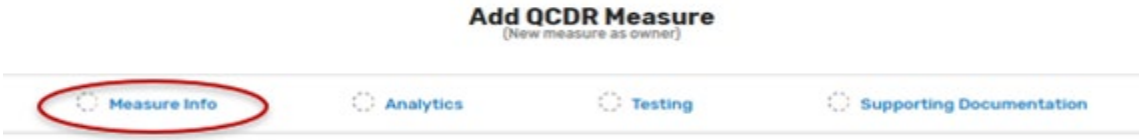


Submitting QCDR Measures for CMS Consideration

Ensure that all QCDR measures are in the “Submitted to CMS” status before the close of the Self-Nomination period (8 p.m. ET on September 1, 2026). QCDR measures in “Draft” or “Non-Active” status won’t be considered by CMS.

Measure Specification Fields

The following section provides detailed information on each QCDR measure specification field. Required fields will vary depending on the QCDR measure owner’s status, measure adoption, and a QCDR measure’s “new” versus "existing” status.



Measure Info Section:

- **Measure Title*** – Provide the measure title, which should begin with a clinical condition of focus, followed by a brief description of action. **Example:** Preventive Care and Screening: Screening for Depression and Follow-Up Plan.
- **Measure Description*** – Describe the measure in full detail. **Example:** Percentage of patients aged 12 years and older screened for depression on the date of the encounter or up to 14 days prior to the date of the encounter using an age-appropriate standardized depression screening tool AND, if positive, a follow-up plan is documented on the date of or up to 2 days after the date of the qualifying encounter.
- **Denominator*** – Describe the eligible patient population to be counted to meet the measures’ inclusion requirements. **Example:** All patients aged 12 years and older at the beginning of the performance period with at least one qualifying encounter during the performance period.
- **Numerator*** – Provide the clinical action that meets the requirements of the measure. **Example:** Patients screened for depression on the date of the encounter or up to 14 days prior to the date of the encounter using an age-appropriate standardized tool AND, if positive, a follow-up plan is documented on the date of or up to 2 days after the date of the qualifying encounter.

Measure Info

Measure Title* ⓘ

Enter measure title

Measure Description* ⓘ

Enter detailed description

Denominator* ⓘ

Enter detailed description

Numerator* ⓘ

Enter detailed description

- **Denominator Exclusions*** – Provide a denominator exclusion that would remove the patient, procedure, or unit of measurement from the denominator. Enter 'N/A' if not applicable. **Example:** Documentation stating the patient has had a diagnosis of bipolar disorder.
    - Women who had a bilateral mastectomy or who have a history of a bilateral mastectomy or for whom there's evidence of a right and a left unilateral mastectomy.
- **Denominator Exceptions*** – Provide the denominator exception that would allow for the exercise of clinical judgement. Applied after the numerator calculation and only if the numerator conditions aren't met. Enter "N/A" if not applicable. **Examples**: Medical Reason(s) for not screening the patient for depression: Patient is in an urgent or emergent situation where time is of the essence and to delay treatment would jeopardize the patient's health status.
- **Numerator Exclusions*** – Provide a numerator exclusion that would remove the patient, procedure, or unit of measurement from the numerator (used only in ratio measures). Applied before the numerator calculation. Enter "N/A" if not applicable. **Example:** If the number of central line blood stream infections per 1,000 catheter days were to exclude infections with a specific bacterium, that bacterium would be listed as a numerator exclusion.

Denominator Exclusions*

Enter detailed description

Denominator Exceptions*

Enter detailed description

Numerator Exclusions*

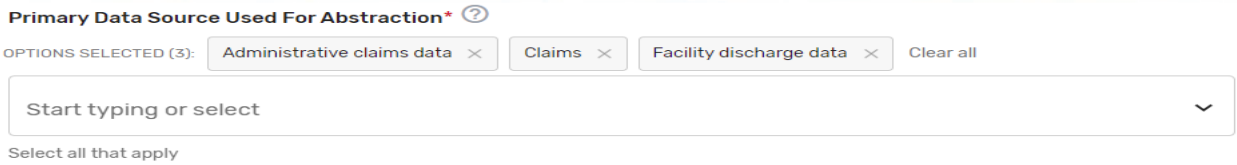
Enter detailed description

- **Primary Data Source Used for Abstraction*** – Select all applicable primary data sources used for the QCDR measure. This may include, but isn't limited to, administrative claims data, facility discharge data, chronic condition data warehouse (CCW), claims, CROWNWeb, EHR (enter relevant parts), Hybrid, Inpatient Rehabilitation Facility – Patient Assessment Instrument (IRF-PAI), Long-term Care Hospital (LTCH) CARE data set, National Healthcare Safety Network (NHSN), Outcomes and Assessment Information Set (OASIS-C1), paper medical record, Prescription Drug Event Data Elements, Patient-Reported Outcomes Measurement Information System (PROMIS), record review, Registry (enter which Registry), Survey, and/or Other (describe source).
    - If applicable, please enter additional information regarding the data source used – Provide additional information when "EHR," "Registry," and/or "Other" is selected in the text box that appears as needed. You may list data sources used in addition to the primary data source. **Example:** ABC Registry.

Primary Data Source Used For Abstraction*

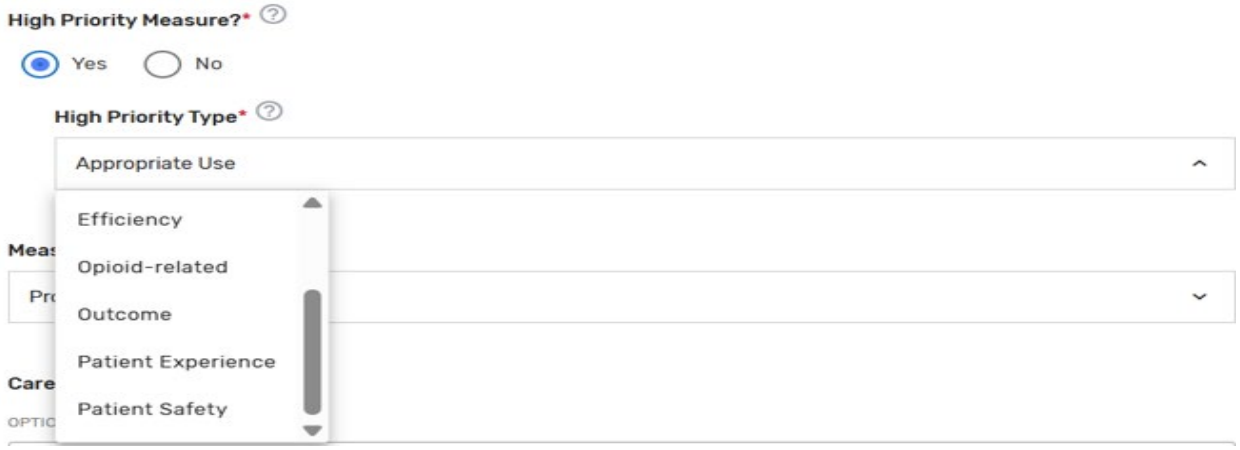
Start typing or select

- Administrative claims data
- Facility discharge data
- Chronic condition data warehouse (CCW)
- Claims
- CROWNWeb

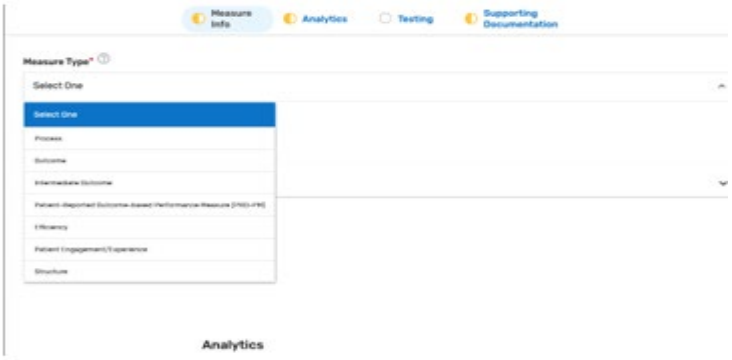


- **Consensus-Based Entity (CBE) ID (Optional)** – Provide the assigned CBE ID number, if the submitted QCDR measure fully aligns with the CBE endorsed version of the measure. If there is no CBE ID number, enter "0000". Examples: 0418, 0000.

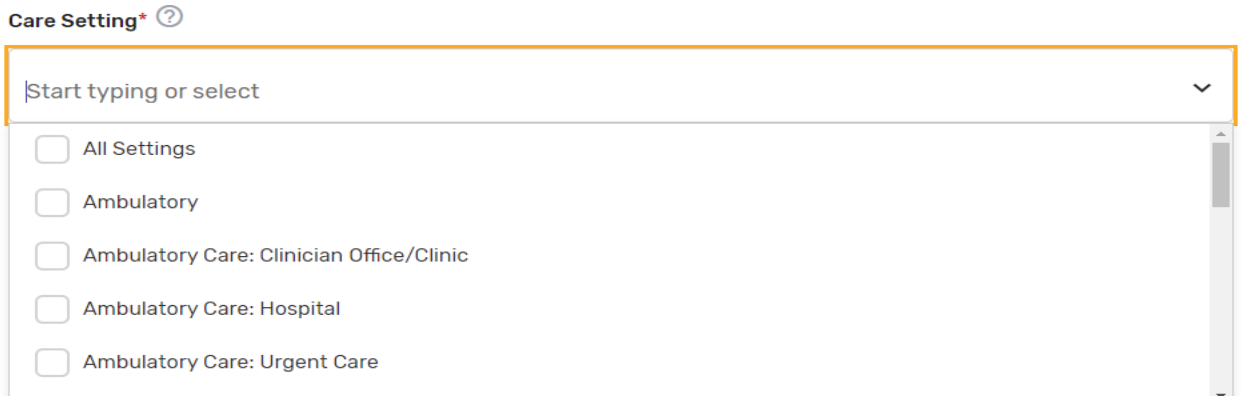
- **High-Priority Measure?*** – Enter "Yes" or "No" to indicate if the measure is a high-priority measure.
- **High-Priority Type*** – If "Yes" is selected for "High-Priority Measure?", select the most appropriate high-priority measure type from the drop-down list.

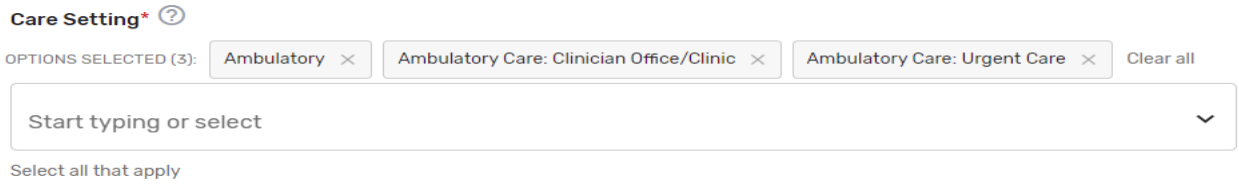


- **Measure Type*** – Select which measure type applies to the QCDR measure from the drop-down list.

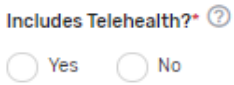


- **Care Setting*** – Select all applicable care settings that are included within the QCDR measure. If "Other" is selected, a text box will appear for free text to be entered.





- **Includes Telehealth?*** – Please answer "Yes" or "No" if the QCDR measure's denominator includes services that can be provided via telehealth. (Please review the quality action to ensure it is appropriate via telehealth.)



Analytics Section:

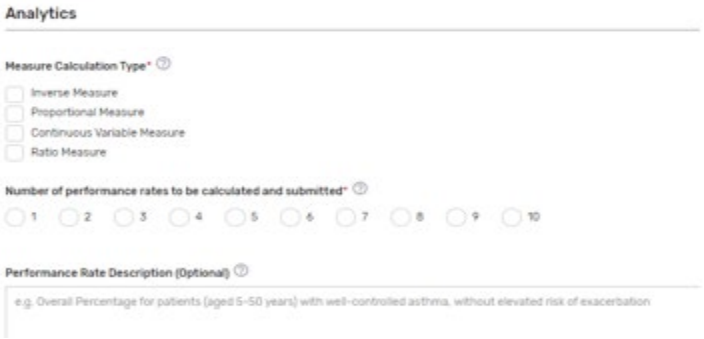
- **Measure Calculation Type*** – Indicate the calculation type of the QCDR measure. If "Continuous Variable" or "Ratio" is chosen, provide a defined range of scores and the topics it describes in the text box that appears. **Example:** 0-250 minutes
    - Inverse Measure – This is a measure where a lower calculated performance rate for this type of measure would indicate better clinical care or control and is represented by the "Performance Not Met" numerator option. Submitting that numerator option will produce a performance rate that trends closer to 0%, as quality increases. **Example:** Percentage of patients 18-75 years of

age with diabetes who had hemoglobin A1c > 9.0% during the measurement period (lower score represents better A1c control).

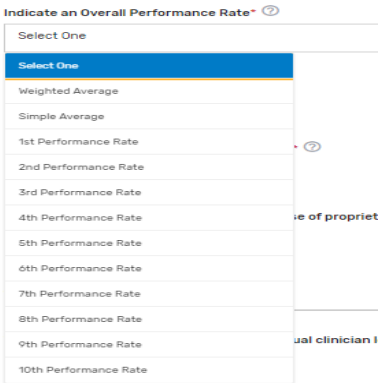
- Proportional Measure – This is a measure where the score is derived by dividing the number of cases that meet a criterion for quality (the numerator) by the number of eligible cases within a given time frame (the denominator). The numerator cases are a subset of the denominator cases. **Example:** Percentage of patients 18-75 years of age with diabetes who had hemoglobin A1c > 9.0% during the measurement period.
- Continuous Variable Measure – This is a measure where the measure score for each individual value for the measure can fall anywhere along a continuous scale and can be aggregated using a variety of methods, such as the calculation of a mean or median. **Example:** Mean time to thrombolytics which aggregates the time in minutes from a case presenting with chest pain to the time of administration of thrombolytics.
  - CMS encourages QCDRs to construct the numerators to be proportional by establishing an expected benchmark based on guidelines or national performance data. Applying MIPS scoring methodology has proven to be challenging for non-proportional measures because variability in the data points makes decile creation based on a mathematical analysis very unpredictable.
- Ratio Measure – Indicate if the measure is a ratio measure. This is a measure where a score that may have a value of zero or greater (derived by dividing a count of one type of data by a count of another type of data). The key to the definition of a ratio is that the numerator isn't in the denominator. **Example:** The number of patients with central lines who develop infection divided by the number of central line days). Rates closer to one represent the expected outcome.

- **Number of performance rates to be calculated and submitted*** – Indicate the number of performance rates required to be submitted to CMS for the purposes of reporting this measure.
- **Performance Rate Description(s)** – Provide a brief description for each performance rate to be calculated and submitted. This is required for a QCDR measure that has more than 1 performance rate. **Example:** This measure will be calculated with 7 performance rates:
  - Rate 1: Overall Percentage for patients (ages 5-50) with well-controlled asthma, without elevated risk of exacerbation.
  - Rate 2: Percentage of pediatric patients (ages 5-17) with well-controlled asthma, without elevated risk of exacerbation.
  - Rate 3: Percentage of adult patients (ages 18-50) with well-controlled asthma, without elevated risk of exacerbation.
  - Rate 4: Asthma well-controlled (submit the most recent specified asthma control tool result) for patients (ages 5-17) with Asthma.

- Rate 5: Asthma well-controlled (submit the most recent specified asthma control tool result) for patients (ages 18-50) with Asthma.
- Rate 6: Patient not at elevated risk of exacerbation for patients (ages 5-17) with Asthma.
- Rate 7: Patient not at elevated risk of exacerbation for patients (ages 18-50) with Asthma.



- **Indicate an Overall Performance Rate*** – Select from the drop-down list which submitted rates will represent an overall performance rate for the measure or how an overall performance rate could be calculated based on the data submitted (for example, simple average of the performance rates submitted) or weighted average (sum of the numerators divided by the sum of the denominators), etc. **If only one performance rate is being submitted, enter "1st Performance Rate."**



- **Risk-Adjusted Status*** – Indicate if the measure is risk-adjusted.
  - **If risk-adjusted, indicate which score is risk-adjusted*** – Indicate if a specific stratum, the overall score, or a performance rate is risk-adjusted for the measure. If social determinants of health are built into the risk adjustment model, please specify.
- **Is the QCDR Measure able to be abstracted?*** – Please attest the measure elements can be abstracted and are feasible. If borrowing the QCDR measure, it's expected that the ability to abstract the data according to the QCDR measure owner's specifications is

confirmed prior to self-nominating the QCDR measure. Withdrawing the QCDR measure during an active performance period isn't acceptable.

- **Disclosure: Does this measure require the use of proprietary software, devices, etc.?*** – Indicate if the QCDR measure requires the use of a proprietary software, device, survey, etc. that a QPP participant would have to purchase or pay to use.

Risk Adjusted Status*
Yes No

Is the QCDR Measure able to be abstracted?*
Yes No

Disclosure: Does this measure require the use of proprietary software, devices, etc?*
Yes No

Testing Section:

Measure Info | Analytics | Testing | Supporting Documentation

Testing

- **Was the QCDR measure tested using an appropriate data set?** – Select "Yes" or "No" to indicate if the QCDR measure was tested using data collected at the clinician level.

Testing

Was the QCDR measure tested using an appropriate data set?*
Yes No

VALIDITY TESTING

Face Validity

Type of Analysis/Statistic Name*
Enter analysis/statistic name

Testing Level of Analysis*
Enter level of analysis

Sample Size*
Enter sample size

Results*
Enter results

Interpretation*
Enter interpretation

- **Face validity*** – Face validity testing is required for all new QCDR measures for the initial MIPS performance period for which it's approved. This is intended to assess whether face validity testing was conducted on the final performance measure and isn't intended to assess whether patient-reported surveys or tools have face validity.
- **Testing Level of Analysis** – Indicate if a vote was conducted among experts and patients/caregivers on whether the final performance measure scores can be used to differentiate good from poor quality of care.
- **Sample Size** – Indicate the number of experts and patients/caregivers who voted on face validity (specifically, whether the measure could differentiate good from poor quality care).
- **Results** – If votes were conducted using a scale, sum all responses in agreement with the statement. If more than one question was asked of the experts and patients/caregivers, only provide results from the question relating to the ability of the final performance measure to differentiate good from poor quality of care.
- **Interpretation** – Briefly explain the interpretation of the result, including any disagreement with the face validity of the performance measure.

Empirical Validity

Type of Analysis/Statistic Name*

Enter analysis/statistic name

Testing Level of Analysis*

Enter level of analysis

Sample Size*

Enter sample size

Results*

Enter results

Interpretation*

Enter interpretation

- **Empirical Validity*** – Empirical validity testing is required for all existing QCDR measures after their first MIPS performance period for which it's approved. Indicate whether empirical validity testing was conducted for the performance measure score(s) using data collected at the accountable entity level. For more information on empirical

validity testing, refer to the Blueprint content on the CMS Measures Management System (MMS) Hub.

- **Type of Analysis/Statistic Name** – Provide the name for the type of analysis or statistic for which empirical validity testing was conducted.
- **Testing Level of Analysis** – Provide the level of analysis at which the empirical validity analysis was conducted.
- **Sample size** – Provide the number of accountable entities sampled to test the final performance measure score(s). Note that this field is intended to capture the number of measured entities and not the number of individual patients or cases included in the sample.
- **Results** – Describe the methods used to assess empirical validity. Describe the comparison groups or constructs used to verify the validity of the measure score(s), including hypothesized relationships (for example, expected to be positively or negatively correlated). Describe your findings for each analysis conducted, including the statistical results and the strongest and weakest results across analyses. If applicable, include the precision of the statistical result(s) (for example, 95% confidence interval) and/or an assessment of statistical significance (for example, p-value).
- **Interpretation** – Briefly describe the interpretation of the result, indicating whether the statistical result affirmed the hypothesized relationship for the analysis conducted.

RELIABILITY - MEASURE SCORE

Type of Analysis/Statistic Name*

Enter analysis/statistic name

Testing Level of Analysis*

Enter level of analysis

Sample Size*

Enter sample size

Results*

Enter results

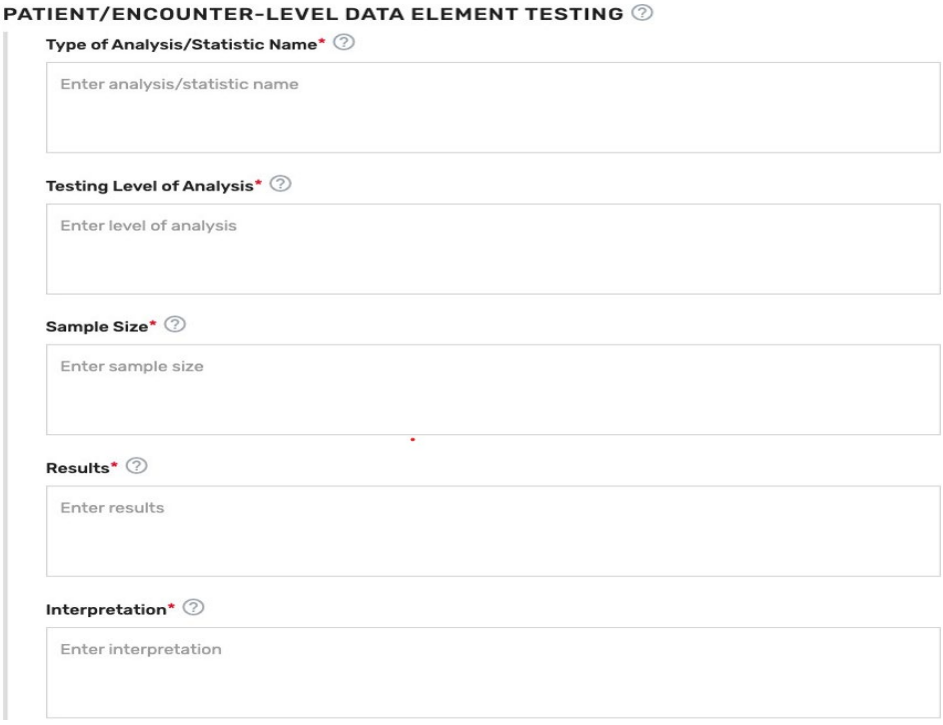
Interpretation*

Enter interpretation

- **Reliability*** – Reliability testing is required for all QCDR measures after their first MIPS performance period for which it was approved. Indicate whether reliability testing was

conducted for the performance measure score(s) using data collected at the accountable entity level. For more information on reliability testing, refer to the Blueprint content on the CMS MMS Hub.

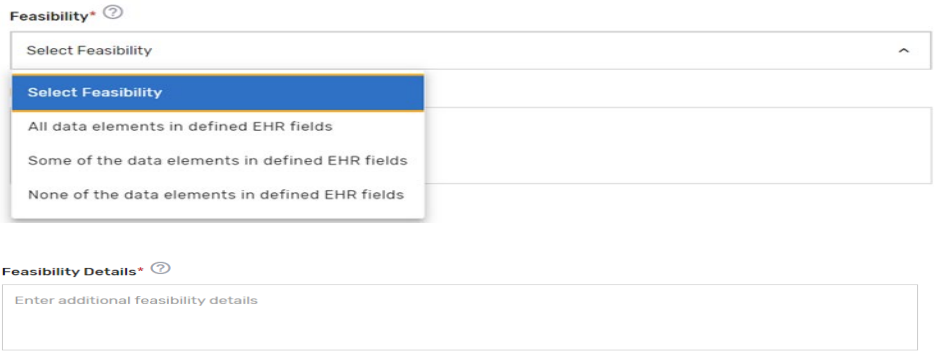
- **Type of Analysis/Statistic Name** – Provide the name for the type of analysis or statistic for which reliability testing was conducted.
- **Testing Level of Analysis** – Provide the level of analysis at which the reliability testing was conducted.
- **Sample Size** – Provide the number of accountable entities sampled to test the final performance measure score(s). Note that this field is intended to capture the number of measured entities and not the number of individual patients or cases included in the sample.
- **Results** – Describe the statistical result for the analysis used to assess reliability.
- **Interpretation** – Briefly describe the interpretation of the results.



- **Patient/Encounter-Level Data Element*** – Patient/encounter-level data element testing is required for all QCDR measures after their first MIPS performance period for which it was approved. Indicate whether patient/encounter-level testing of the individual data elements within the final performance measure was conducted. Prior studies of the same data elements may be submitted. If data elements are tested for validity, then reliability testing of data elements isn't required. For more information

on patient/encounter-level data element reliability testing, refer to the Blueprint content on the CMS MMS Hub. For more information on patient/encounter-level data element validity testing, refer to the Blueprint content on the CMS MMS Hub.

- **Type of Analysis/Statistic Name** – Indicate the statistic used to determine that data elements are reliable and/or valid (for example, percent agreement, kappa, positive predictive value). If more than one type of statistic was calculated, list the one that best depicts the reliability and/or validity of the data elements in your measure. Other statistics and results should be included.
- **Testing Level of Analysis** – Provide the level of analysis at which the data element testing was conducted.
- **Sample Size** – Provide the number of patients/encounters sampled.
- **Results** – Describe the statistical result for the analysis used to assess patient/encounter-level data element testing. If providing kappa or a correlation coefficient, results should be between -1 and 1. If providing percent agreement, sensitivity, or positive predictive value, results should be between 0% and 100%.
- **Interpretation** – Briefly describe the interpretation of results. This may include a list of all data elements tested including their frequency and statistical results, as applicable. If any data element has low reliability or validity, describe the anticipated impact and whether it could introduce bias to the measure score(s).



- **Feasibility*** – Feasibility testing is required for all existing QCDR measures. For more information on feasibility testing, refer to the Blueprint content on the CMS MMS Hub.
- **Select Feasibility** – Indicate the feasibility of the data elements based on their availability in defined EHR fields.
- **Feasibility Details** – Use the free text field to further explain the feasibility testing that was performed.

Supporting Documentation Section:

- **Describe Link to Cost Measure/Improvement Activity*** – Describe the link between the QCDR measure, cost measure, and an improvement activity. Please document "No Link Identified" if there's no link to a cost measure or an improvement activity. In cases where a QCDR measure doesn't have a clear link to a cost measure and an improvement activity, CMS would consider exceptions if the potential QCDR measure otherwise meets the QCDR measure requirements and considerations.
- **QCDR Measure Reporting Options*** – Please indicate if the QCDR measure has been finalized in a CMS-approved MVP for the given MIPS performance period or if it will be used in traditional MIPS.
- **Clinical Recommendation Statement*** – Provide a concise statement regarding the clinical recommendation for this QCDR measure including the current clinical guideline for which the measure is derived. Please list the type of evidence that was used to support the measure such as clinical guidelines, USPSTF (U.S. Preventive Services Task Force) guidelines, systematic review, empirical data, or define any other type of evidence. Specify the grade of the guidelines/systematic review, if available. **Example:** Adolescent Recommendation (ages 12-18) "The USPSTF recommends screening for major depressive disorder (MDD) in adolescents ages 12 to 18. Screening should be implemented with adequate systems in place to ensure accurate diagnosis, effective treatment, and appropriate follow-up (B recommendation)" (Sui, A. and USPSTF, 2016, p. 360).
- **Rationale for the QCDR measure*** – Provide a concise statement regarding the rationale for the QCDR measure. **Example:** Depression is a serious medical illness associated with higher rates of chronic disease, increased health care utilization, and impaired functioning (Pratt, Brody 2014). 2014 U.S. survey data indicate that 2.8 million (11.4%) adolescents ages 12 to 17 had a major depressive episode (MDE) in the past year and that 15.7 million (6.6%) adults ages 18 or older had at least one MDE in the past year, with 10.2 million adults (4.3%) having one MDE with severe impairment in the past year (Center for Behavioral Health Statistics and Quality, 2015).
- **Provide measure performance data (# months data collected, average performance rate, performance range, and number of clinicians or groups)*** – Please provide the number of months the data was collected, average performance rate, standard deviation, performance range, and the number of eligible clinicians and/or TINs submitting the measure.

Measure Info | Analytics | Testing | Supporting Documentation

Supporting Documentation

Describe Link to Cost Measure/Improvement Activity*

Enter detailed description

Reporting Options*

- [x] Traditional MIPS
- [ ] MIPS Value Pathway

Clinical Recommendation Statement*

Enter detailed description

Rationale for the QCDR Measure*

Enter detailed description

Provide measure performance data (# months data collected, average performance rate, performance range, and number of clinicians or groups)*

Enter detailed description

- **Can the measure be benchmarked against the previous performance period data?** Enter 'Yes' or 'No' to indicate if the benchmark from prior years can be used for comparison. If this is an existing measure, an answer is required.
- **If applicable, please provide details outlining why the previous benchmark can or can't be used.** Provide details regarding why the previous benchmark can or can't be used in response to the changes to the existing measure. **Example:** The improvement addition to the numerator will make this measure an outcome measure; therefore, it can't be compared to the measure from last year.
- **If applicable, provide the study citation to support performance gap for the measure** – Citations should be the most current available or within 5 years. **Example:** Key findings of the Ovarian Cancer Research Alliance analysis show that only 52% of women diagnosed with ovarian cancer between 2016 and 2023 received genetic testing, despite universal recommendations that all women with this disease should be tested (Ovarian Cancer Research Alliance, 2025).
- **If applicable, provide a Participation Plan if QCDR measure has low adoption by clinicians** – If a QCDR measure fails to meet benchmarking thresholds for 2 consecutive performance periods (i.e., the data submitted is insufficient in meeting the case minimum requirements and volume thresholds required for benchmarking), the QCDR may submit a

participation plan for CMS consideration if the QCDR believes that the measure is important and relevant to a specialist's practice.

- **Participation Plan requirements:**
  - Detailed plan and methods to encourage eligible clinicians and groups to increase QCDR measure adoption.
  - **Example:** A QCDR measure participation plan could include 1 or more of the following:
    - Development of an education and communication plan.
    - Update the QCDR measure's specification with changes (to encourage broader participation).
    - Require reporting on the QCDR measure as a condition of reporting through the QCDR.

Can the measure be benchmarked against the previous performance period data? (Optional)

Yes No

If applicable, please provide details why the previous benchmark can or cannot be used. (Optional)

Enter detailed description

If applicable, provide the study citation to support performance gap for the measure (Optional)

Enter detailed description

If applicable, provide a Participation Plan if QCDR measure has low adoption by clinicians (Optional)

Enter detailed description

Can the measure be benchmarked against the previous performance period data? (Optional)

Yes No

If applicable, please provide details why the previous benchmark can or cannot be used. (Optional)

e.g. The improvement addition to the numerator will make this measure an Outcome measure and therefore cannot be compared to the measure from last year.

If applicable, provide the study citation to support performance gap for the measure (Optional)

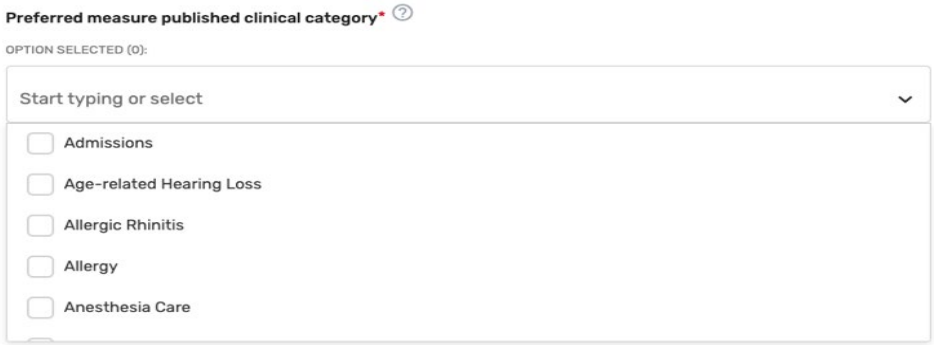
e.g. Negative outcomes associated with depression make it crucial to screen in order to identify and treat depression in its early stages. While Primary Care Providers (PCPs) serve as the first line of defense in the detection of depression, studies show that PCPs fail to recognize up to 50% of depressed patients (Borner, 2010, p. 948)

If applicable, provide a Participation Plan if QCDR measure has low adoption by clinicians (Optional)

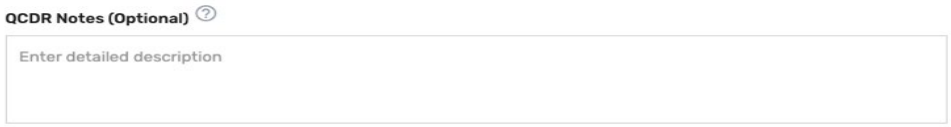
e.g. Negative outcomes associated with depression make it crucial to screen in order to identify and treat depression in its early stages. While Primary Care Providers (PCPs) serve as the first line of defense in the detection of depression, studies show that PCPs fail to recognize up to 50% of depressed patients (Borner, 2010, p. 948)

- **Please indicate applicable specialty/specialties*** – Select 1 or more applicable specialties. Multiple specialties can be selected. If "Other" is selected, please enter free text in the "Other Specialties" text box that appears.

- **Preferred measure published clinical category*** – Please provide a preferred clinical or specialty category. If a preferred measure published clinical category isn't provided, 1 will be assigned to the measure by CMS. **Example:** Diabetes and Substance Use/Management.



- **QCDR Notes** – Provide any additional notes that would assist in the review or clarification of the QCDR measure.



- **If existing measure with changes, please indicate what has changed to the existing measure. (Optional)** – Please provide information on what changes were made to the existing measure(s).

QCDR Measure Permission Checklist

If a QCDR has been granted permission to use a QCDR measure owned by another active and approved QCDR, the permission must be obtained prior to self-nominating the borrowed QCDR measure for each MIPS performance period. **It's expected that the ability to abstract the**

data according to the QCDR measure owner's specifications is a condition of self-nominating the QCDR measure. Withdrawal of a QCDR measure mid-performance period isn't acceptable and may lead to remedial action, up to and including termination. The following is a QCDR measure permission checklist:

- Identify the QCDR measure(s) your QCDR will request permission to use.
- Contact the QCDR measure owner to request permission to use their QCDR measure(s).
- The QCDR Qualified Posting and QCDR Measure Specifications located on the CMS QPP Resource Library may be used to identify the appropriate point of contact.
- Obtain written permission from the QCDR measure owner to use their QCDR measure(s).
- Upload the documentation at the time of self-nomination for CMS reference. Please use the 'Documentation of Approval from other QCDR' section to upload your supporting documentation.
    - CMS doesn't provide agreement templates and defers to the QCDRs regarding the appropriate content to include in such an agreement.

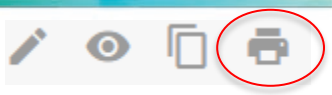
Submission of the Self-Nomination Form

1. Once the required fields of all tabs are completed, the Self-Nomination status will update to "Draft Complete." You won't be able to successfully submit a Self-Nomination form unless all the required fields, marked with a red asterisk (*), of all tabs have been populated.

2. Once the form is filled out in its entirety and all edits are finalized, you'll need to click on the "Submit For Review" button to save the entire Self-Nomination form and complete the submission process. The "Submit For Review" button is located at the bottom of the left-side of the page under the Self-Nomination form tabs, as well as on the Self-Nomination landing page.

3. You'll receive a confirmation email with your Self-Nomination number. Please save the email for future reference.

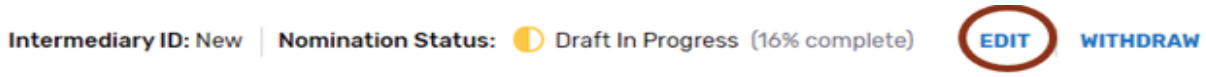
    - CMS recommends you print a copy of your approved Self-Nomination form for your records.



4. Add “Watchers” to monitor the status of your Self-Nomination form. This feature allows intermediaries to create a list of users who should receive email notification when comments are added.

Modifying a Self-Nomination Form

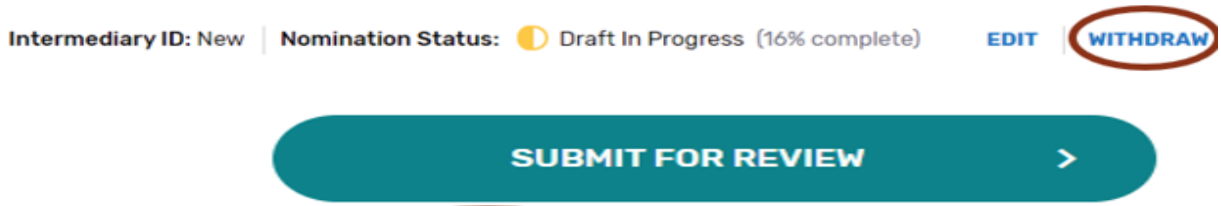
To review or modify your Self-Nomination form, click “EDIT” on the Self-Nomination landing page. **As a reminder, you won’t be able to modify your submission after 8 p.m. ET on September 1, 2026.**

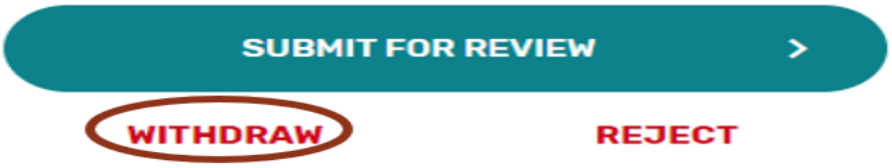


If you have any questions about the 2027 QPP Self-Nomination form, please contact the QPP Service Center by emailing QPP@cms.hhs.gov, submitting a QPP Service Center ticket, or calling at 1-866-288-8292 (Monday-Friday, 8 a.m. - 8 p.m. ET). People who are deaf or hard of hearing can dial 711 to be connected to a TRS Communications Assistant.

Withdrawing a Self-Nomination Form

If you want to withdraw an entire Self-Nomination form (that has already been submitted) from consideration to participate in MIPS as a QCDR or Qualified Registry, click on the **“Withdraw”** button. The “Withdraw” button is on the Self-Nomination landing page or within the Self-Nomination form.





Comments

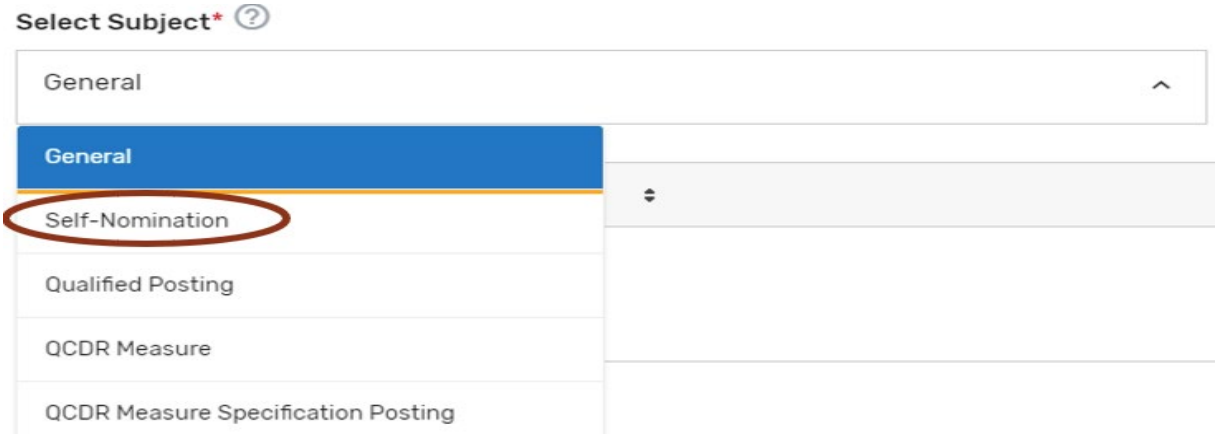
How to View/Add Comment

Please periodically monitor for comments posted, as there are instances where email notifications are delayed or blocked by your email.

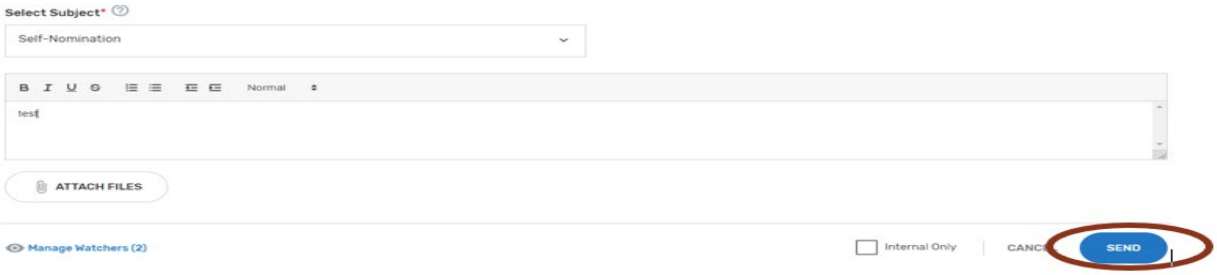
1. Click on “VIEW/ADD COMMENTS” to view, respond, or add a comment.

2. Click “ADD COMMENT”.

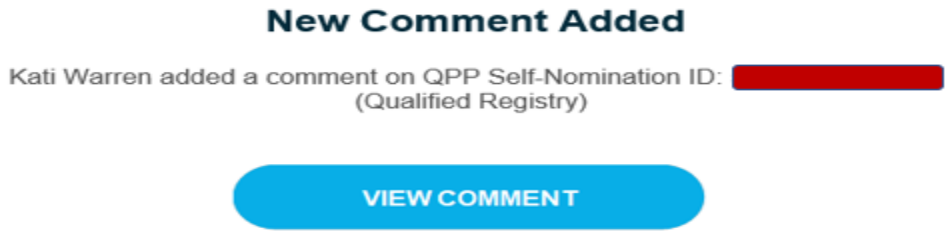
3. Please make sure to indicate the correct subject in the “Select Subject” drop-down that coordinates with the topic. For example, if you are submitting/responding to a comment on your Self-Nomination form, choose the “Self-Nomination” category from the “Select Subject” drop-down.



4. When you’re ready to submit your comment, click “Send.”



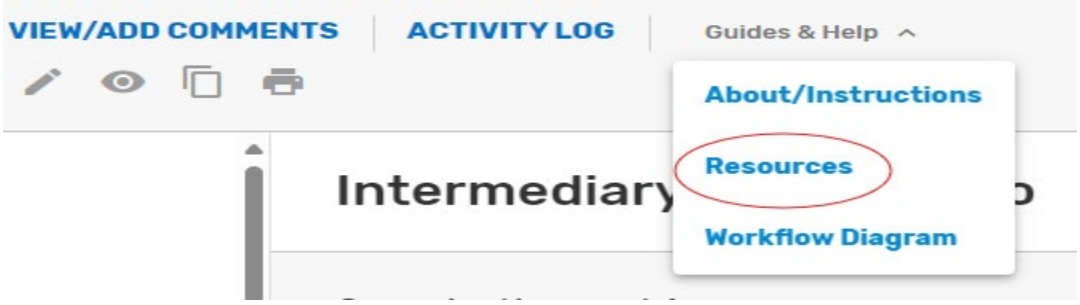
5. Once a comment has been submitted, all “watchers” will receive an email notification.



Resources

Help with Self-Nomination

- Refer to the 2027 QCDR and Qualified Registry Self-Nomination Fact Sheet (PDF, 488KB) located in the 2027 Self-Nomination Toolkit for QCDRs and Qualified Registries (ZIP, 3.17MB). 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.
- For assistance with completing the Self-Nomination form, use the comment box to ask questions about populating form fields or submitting additional information. Refer to the "Comments" section of the user guide for additional information.
- For additional assistance regarding Self-Nomination criteria, 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 TRS Communications Assistant. **To avoid security violations, do not include personally identifiable information (PII) or protected health information (PHI), such as a Social Security number or TIN, in email inquiries to QPP.**



Help with QCDR Measure Development

- Blueprint 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. This provides guidance to measure developers to help them produce high-caliber healthcare quality measures and documents the core set of business processes and decision criteria when developing, implementing, and maintaining measures. This resource isn't specific to MIPS; please contact CMS and the MIPS QCDR/Qualified Registry Support Team (PIQMMS Team) with any questions as there are program-specific nuances that aren't captured within the CMS MMS Hub.

- Measure Development Plan – Provides a focused framework to help CMS build and improve quality measures that QPP participants could report under MIPS and as participants in APM Entities (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. It also includes a QCDR measure development checklist, resources for QCDR measure development, and definitions used by CMS to communicate QCDR measure review decisions. The QCDR measure development handbook is found in the Self-Nomination form under "Resources."

Version History Table

Date	Change Description
06/01/2026	Original Version

According to the Paperwork Reduction Act of 1995 (44 U.S.C. 3501 et seq.), no persons are required to respond to a collection of information unless it displays a valid Office of Management and Budget (OMB) control number. The valid OMB control number for this information collection is 0938-1314 (Expiration date: 2/28/2027). This information collection is the tool on how to self-nominate for the 2027 performance period of the MIPS program. The time required to complete this information collection varies per response, including the time to review instructions, search existing data resources, gather the data needed, to review and complete the information collection. This information collection is required (Medicare Access and CHIP Reauthorization Act of 2015 (MACRA) (Pub. L. 114-10, April 16, 2015)) and all information collected will be kept private in accordance with regulations at 45 CFR § 155.260, Privacy and Security of Personally Identifiable Information. Pursuant to this regulation, CMS may only use or disclose personally identifiable information to the extent that such information is necessary to carry out their statutory and regulatory mandated functions. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, MD 21244-1850. If you have questions or concerns regarding where to submit your documents, please contact QPP at qpp@cms.hhs.gov.

Under the Privacy Act of 1974 (5 U.S.C. 552a) any personally identifying information obtained will be kept private to the extent of the law.