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## Overview of the CMS Qualified Clinical Data Registry (QCDR) Program

The following information was obtained from the Center for Medicare & Medicaid Services. For more information on the QCDR program please visit the CMS website here:

<http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/Qualified-Clinical-Data-Registry-Reporting.html>

### Overview

A qualified clinical data registry (QCDR) is a CMS approved entity that has self-nominated and successfully completed a qualification process that collects medical and/or clinical data for the purpose of patient and disease tracking to foster improvement in the quality of care provided to patients. A QCDR can complete the collection and submission of Physician Quality Reporting System (PQRS) quality measures data on behalf of Eligible Professionals (EPs) beginning in 2014. The data submitted to CMS via a QCDR covers quality measures across multiple payers and is not limited to Medicare beneficiaries.

CMS has posted a finalized list of QCDRs on the Qualified Clinical Data Registry Reporting page of the CMS website. The QCDR posting includes the vendor name, contact information, the programs being supported, measures being supported, and cost information for the services they provide to clients.

This information is available from CMS on their website here:

<http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/Downloads/2014QCDRPosting.pdf>

### QCDR Functions

A QCDR must perform the following functions:

- Submit quality measures data or results to CMS for purposes of demonstrating that, for a reporting period, its eligible professionals (EPs) have satisfactorily participated in PQRS
- Have in place mechanisms for the transparency of data elements and specifications, risk models, and measures.
- Submit to CMS, for the purposes of demonstrating satisfactory participation, quality measures data on multiple payers, not just Medicare Patients.
- Provide timely performance reports to participants at the individual participant level. A QCDR must provide timely feedback on the measures for which the QCDR would report on the individual EPs.

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- Possess benchmarking capacity that allows the quality of care one EP provides to be compared with other EPs performing the same or similar functions (reporting the same measure).
- Demonstrate a plan to risk adjust the quality measures data for which it collects and intends to transmit to CMS

### **QCDR Requirements**

In order to self-nominate, QCDRs had to attest to meeting all of the following requirements listed in the 2014 PFS Final Rule:

- Be in existence as of **January 1, 2013**, to be eligible to participate for purposes of data collected in 2014.
- Have at least 50 QCDR participants by **January 1, 2013**, to be eligible to participate under the program with regard to data collected in 2014. Please note that not all participants would be required to participate in PQRS.
- Not be owned or managed by an individual, locally-owned, single-specialty group (for example, single-specialty practices with only 1 practice location or solo practitioner practices would be precluded from becoming a QCDR).
- Enter into and maintain with its participating professionals an appropriate Business Associate Agreement that provides for the QCDR's receipt of patient-specific data from the EPs, as well as the QCDR's public disclosure of quality measure results.
- Obtain and keep on file for at least 7 years signed documentation authorizing the QCDR to submit quality measure results and numerator and denominator data and/or patient-specific data on beneficiaries to CMS for the purpose of PQRS participation.
  - These documents are between the QCDR and EP.
  - Electronic statements are acceptable.
  - Updated annually

### **Quality Measures and Data**

With respect to quality measures, a QCDR must:

- Provide CMS a signed, written attestation statement via e-mail which states that the quality measure results and any and all data, including numerator and denominator data, provided to CMS are accurate and complete.
- Provide information on how the entity collects quality measurement data, if requested.
- Submit quality measures data or results to CMS for purposes of demonstrating that, for a reporting period, its EPs have satisfactorily participated in PQRS. A QCDR must have in place mechanisms for the transparency of data elements and specifications, risk models, and measures.

- Be compliant with applicable privacy and security laws and regulations, by describing its plan to maintain Data Privacy and Security for data transmission, storage and reporting.
- Report on behalf of its individual EP participants a set of measures from one or more of the following categories: CG-CAHPS; NQF endorsed measures; current PQRS measures; measures used by boards or specialty societies; measures used in regional quality collaboratives, and/or **the QCDRs own measures approved for use by CMS.**
- Be able to collect all needed data elements for at least 9 individual measures covering at least 3 of the NQS domains.
- Report on behalf of its individual EP participants the results of at least 1 outcomes-based measure.
- Upon request and for oversight purposes, provide CMS access to the QCDR's database to review the beneficiary data on which the QCDR-based submissions are based or provide to CMS a copy of the actual data.
- Make available to CMS samples of patient level data to audit the entity for purposes of validating the data submitted to CMS by the QCDR, if determined to be necessary.

### QCDR Validation Strategy

- A QCDR must implement a validation strategy that details how the QCDR will determine whether an eligible professional succeed in reporting measures or that the data submitted to the QCDR is true, accurate and complete.
- By June 30, 2015, QCDRs must perform the validation and send evidence of successful results to CMS for data collected in the reporting periods occurring in 2014.

### CMS Proposed Changes for QCDRs in 2017 (not comprehensive)

- The Medicare Physician Fee Schedule [proposed rule](#) includes a proposal that an eligible professional wishing to meet the proposed criterion, for satisfactory participation in a qualified clinical data registry for the 2017 PQRS payment adjustment, must possess and report on at least **three outcome measures**. If less than three outcome measures are available for reporting through the QCDR, then an EP must report on at least two outcome measures and at least one of the following types of measures: resource use, patient experience of care, or efficiency/appropriate use.
- CMS defers to the QCDR in terms of method used to publicly report performance rate data (e.g., it would be sufficient for a QCDR to publicly report performance rates of EPs through board or specialty websites, performance or feedback reports, listserv dashboards or announcements, or in another manner).