What is a QCDR?
A Qualified Clinical Data Registry (QCDR) is one of several available reporting mechanisms for satisfactory MIPS participation in 2017. A QCDR is a CMS-approved entity that collects medical and/or clinical data for the purpose of improvement in the quality of care furnished to patients. Quality data submitted to a QCDR must include patients across all payers, and is not limited to Medicare beneficiaries. If you decide to use a QCDR for MIPS participation ACR will submit your quality measures and improvement activities to CMS on your behalf for more information visit www.acr.org/qcdr.

QCDR participants are allowed to report a combination of MIPS and Non-MIPS measures for successful MIPS participation. Non-MIPS measures are chosen from across six NRDR registries. ACR will submit physician and/or group practice quality measure data, improvement activities and advancing care information measure data to CMS on your behalf if you decide to use the QCDR.

Benefits of Using a QCDR
- The QCDR supports both individual physicians and physician group practices (GPRO) in meeting MIPS requirements
- Manages submission of MIPS (claims-based) and Non-MIPS(registry-based) measure data and improvement activities to CMS
- QCDR Non-MIPS measures are developed by ACR and are more applicable to the care radiologists provide
- Provides direct assistance with compiling the needed data for quality improvement
- Provides feedback to registry participants at least quarterly and on-demand via the MIPS portal
- Allows physicians to review and select measures to report prior to CMS submission deadline

QCDR for MIPS Timeline

By October 31, 2017, physician or group practice must register for NRDR with intent to use the QCDR for MIPS Participation. Must start submitting data to ACR by this time and be sure PQRS/MIPS is on your registry account.

By November 30, 2017, physician group practices using the QCDR must please complete the following:
  - Add your physicians using Manage Physician function in NRDR
  - Add your physician group TIN and supporting documentation using Manage Physician Group TIN function in NRDR
  - Physicians are required to register for the MIPS Portal (registration status affects MIPS data upload process)
By January 31, 2018, physician and group practices must complete submission of quality data and improvement activities to the QCDR (Exception: Data for the Dose Index Registry (DIR) is needed by December 31, 2017)

By February 28, 2018, physician and group practices must review MIPS and Non-MIPS data to select measures for the 2017 MIPS reporting year. Measures and activities must be selected for CMS submission at this time.

By March 1, 2018, total payment is due for the MIPS Reporting Fee

By March 16, 2018, physician and group practice must attest the accuracy of data submitted for the 2017 MIPS reporting year this is handled in the MIPS portal. No measures or activities will be sent to CMS without attestation complete.

By March 31, 2018, this is the deadline for submission of quality measure data and improvement activities by NRDR QCDR to CMS.

This checklist lists the necessary steps for successfully using NRDR during the 2017 MIPS performance year (January 1st - December 31st). We encourage you to register early and submit your data often to better track improvements in care. The checklist is designed for first time and returning QCDR participants. The entire QCDR process should be managed by the facility administrator of your NRDR account with input from clinicians.

QCDR Participation Checklist

Part A: Complete once. “First-time QCDR Users”
If you already completed this part for 2016, you do not need to do it again in 2017.

☐ Physician group practices must review MIPS QCDR reporting requirements and determine if they are able to satisfy MIPS requirements using a QCDR. The entire QCDR process should be managed by the facility administrator of your NRDR account and physician(s) champion.

   NOTE: QCDR requirements and measures change annually check 2017 requirements. QCDR will continue to support individual and group/GPRO reporting for MIPS.

   • MIPS QCDR Reporting Requirements
   • See MIPS QCDR Web Resources and select QCDR Supported Measures

☐ Any physician or group practices looking to use the QCDR to satisfy MIPS requirements must have an NRDR account.

   NOTE: Visit How to Get Started page to begin the process. The sites facility administrator will manage the entire registry process from start to finish.

   • Complete a New Facility Registration for each facility and obtain a NRDR Facility ID and valid account. All NRDR facility IDs are six digits. The facility administrator will manage the QCDR process.

☐ By October 31, 2017, to participate in the QCDR, add the PQRS and/or MIPS registry to your NRDR Registration in the portal.

   NOTE: If you used the QCDR in prior years for PQRS reporting you do not need to modify your account. For MIPS participation, physician groups must have data submitted to one or more of the NRDR registries at this time.

   • Log into NRDR Portal and select Registration Information
By October 31, 2017, physician group practices must complete a participation agreement or addendum if selecting quality measures (MIPS and/or Non-MIPS measures) for MIPS participation.

**NOTE:** If your group used the QCDR in prior years for PQRS reporting you do not need to submit and additional agreement or addendum. Documents must be modified if you select additional registries or add facilities to your existing NRDR accounts.

- NRDR Participation Agreement
- NRDR Participation Agreement Addendum

By November 30, 2017, add Physician Group TIN using the Manage Physician Group TIN function on the NRDR Portal. If reporting as a GPRO select GPRO to notify ACR staff. GPROs will be assessed as a group for all MIPS performance categories and will not be required to register with CMS prior.

**NOTE:** Tax Identification Number(s) are required for MIPS participation. Must provide supporting documentation to show TIN is active and used to bill Medicare Part B services.

- Log into NRDR Portal and select Manage Physician Group TIN

By November 30, 2017, enroll all physicians in PQRS/MIPS by NPI in the QCDR using the Manage Physicians function on the NRDR Portal and select “Y” for PQRS/MIPS participation.

- Log into NRDR Portal and select Manage Physicians

By November 30, 2017, For individual reporters only (Non-GPRO), each physician must log-in to the MIPS Participation Portal to complete registration and review the ACR QCDR participant responsibilities outlined.

**NOTE:** Physician must confirm accuracy of NPI and current email address. If registration for the portal is not complete the physician group practice will not be able to access the MIPS portal or performance data.

- Log into NRDR Portal and select MIPS Participation

**Part B: Complete annually. “Returning QCDR Users”**

Complete this part for 2017, even if you already registered in 2016.

- Physician group practices must review MIPS QCDR reporting requirement and determine if they are able to satisfy MIPS requirements using a QCDR.

  **NOTE:** QCDR requirements and measures change annually check 2017 requirements and measure lists. QCDR will continue to support individual and group “GPRO” reporting for MIPS.

  The entire QCDR process should be managed by the facility administrator of your NRDR account and physician (s) champion.

  - MIPS QCDR Reporting Requirements
  - See MIPS QCDR Web Resources and select QCDR Supported Measures

- By November 30, 2017, physician group practices review TIN(s) for each facility and registry used for MIPS participation and make any edits or modifications as needed.

  **NOTE:** GPROs must select GPRO under Manage Physician Group TIN. For 2017, group practices are not required to register with CMS.

  - Log into NRDR Portal and select Manage Physician Group TIN

- Data Submission – QCDR participants can submit data to ACR for both MIPS and Non-MIPS measures for successful

  - See MIPS QCDR Web Resources and select How to Submit Data
MIPS participation. ACR collects quality measure data in the following ways:

1. manual web based entry;
2. flat file/ Excel file upload;
3. web services API; and
4. HL7 message transmission and use of structured report templates;

**MIPS**
- Data submission for MIPS measures will be through ACR provided templates with detailed specifications provided.

**Non-MIPS**
- Data submission for NRDR non-PQRS measures will be through the relevant registry process; e.g., DIR, GRID and NMD, etc.

**NOTE:** Data submission requirements differ for MIPS and Non-MIPS measures please assess your ability to meet these requirements. Only participate in the registries you plan to submit measures to CMS for.

<table>
<thead>
<tr>
<th>Date Range</th>
<th>Task Description</th>
<th>Required Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>Between January 31 and February 28</td>
<td>Physicians and group practices must review 2017 performance rates on QCDR supported measures, and submit updated data if needed. Use MIPS portal to complete.</td>
<td>Log into NRDR Portal and select MIPS Participation</td>
</tr>
<tr>
<td>Between January 31 and February 28</td>
<td>Physicians and group practices must select measures to be submitted and provide information on total relevant exams performed for those measures. Use MIPS portal to complete.</td>
<td>Log into NRDR Portal and select MIPS Participation</td>
</tr>
<tr>
<td>By February 28, 2018</td>
<td>Physicians and facility administrators for group practices must confirm final measure selections, and authorize ACR to submit measures to CMS. Measures and improvement activities must be selected for CMS submission at this time.</td>
<td>Log into NRDR Portal and select MIPS Participation</td>
</tr>
<tr>
<td>By March 1, 2018</td>
<td>Total payment is due for the MIPS. Payment may be made by credit card or check.</td>
<td>Cost to Participate in QCDR and select Cost to Participate</td>
</tr>
<tr>
<td>By March 16, 2018</td>
<td>Physician and group practices must attest the accuracy of data submitted for the 2017 MIPS reporting year this is handled in the MIPS portal. No measures or activities will be sent to CMS without attestation complete.</td>
<td>Log into NRDR Portal and select MIPS Participation</td>
</tr>
</tbody>
</table>

| **2017 Measures Code List** | | |
| **NRDR Databases Table** | | |

Between January 31 and February 28, physicians and group practices must review 2017 performance rates on QCDR supported measures, and submit updated data if needed. Use MIPS portal to complete.

NOTE: For GPROs the facility admin can select measures, provide exam counts and attest to final measures.

By February 28, 2018, physicians and facility administrators for group practices must confirm final measure selections, and authorize ACR to submit measures to CMS. Measures and improvement activities must be selected for CMS submission at this time.

NOTE: A facility administrator email is required for GPRO attestation and data submission to CMS. Use MIPS portal to complete.

By March 1, 2018, total payment is due for the MIPS. Payment may be made by credit card or check.

The following reporting fees* apply for reporting performance measures and improvement activities to CMS for 2017 MIPS:

This reporting fees are listed below:

- ACR Member rate: $199 per physician per year
- Non-Member rate: $1299 per physician per year

*in addition to NRDR participation fees

By March 16, 2018, physician and group practices must attest the accuracy of data submitted for the 2017 MIPS reporting year this is handled in the MIPS portal. No measures or activities will be sent to CMS without attestation complete.
<table>
<thead>
<tr>
<th>By March 31, 2018, Submission of quality measure data and improvement activities by NRDR QCDR to CMS</th>
<th>Log into <a href="https://nrdr.com">NRDR Portal</a> and select MIPS Participation</th>
</tr>
</thead>
</table>