

Quality Reporting Office Hours

Claire Ostarello, Senior Quality and Regulatory Affairs Associate, QRA

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Javeria Ali, AQI Registry Operations Associate

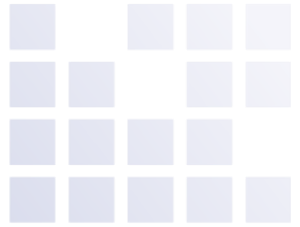
August 2021



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Agenda



QRA

- Quality Payment Program Proposed Rule
 - Overview of the Proposed Rule
 - Proposed Changes for 2022
 - MIPS Value Pathways (MVPs)
 - Helpful resources

AQI

- 2020 MIPS Final Scores
- 2020 Targeted review
- Performance Feedback Resources
- AQI 70
- Improvement Activity Category
- FTP Access
- 2021 Quality Reporting Deadlines

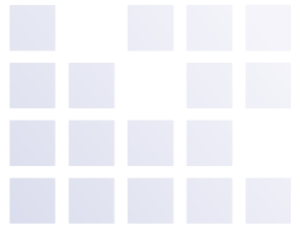
AQI Office Hours – August 2021 QRA Update

Claire Ostarello, Senior Quality and Regulatory Affairs Associate, QRA



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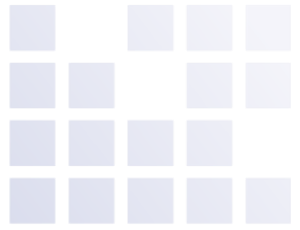
2022 QPP Proposed Rule

General MIPS Proposals – Remaining the Same

- Definitions of MIPS eligible clinicians and groups
- Use of MIPS and QCDR measures

General MIPS Proposals - Proposed Changes

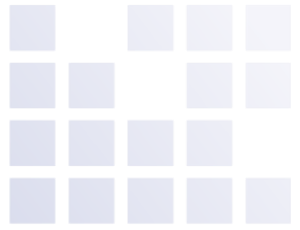
- Performance Threshold – 75 points (up from 60 in 2021)
- Quality – 30%
- Cost – 30%
- Improvement Activities – 15%
- Promoting Interoperability – 25%
- Scoring of high priority quality measures – no bonus
- **Future** increase of data completeness to 80% (proposed for 2023)



2022 QPP Proposed Rule

General MIPS Proposals - Proposed Changes (cont.)

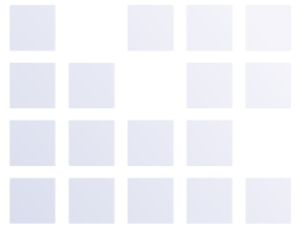
- **Retired / Removed Measures (19 total; 2 affect anesthesiology)**
 - QID 044: CABG: Preoperative Beta Blocker in Patients with Isolated CABG Surgery
 - QID 154: Falls Risk Assessment
- **Improvement Activity Changes**
 - 7 new improvement activities. 3 of which are related to promoting health equity
 - Modification of 15 current improvement activities
 - Removal of 6 previously adopted improvement activities



2022 QPP Proposed Rule

MIPS Value Pathways (MVPs)

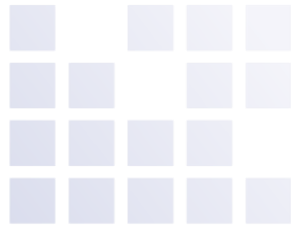
- Cohesive participation experience by connecting activities and measures from the four MIPS performance categories that are relevant to a specialty, medical condition, or episode of care.
- MVP framework aims to provide meaningful data and feedback to clinicians and patients by comparing the performance of like clinicians who report on the same MVP and enhance information provided to patients through public reporting.



2022 QPP Proposed Rule

MIPS Value Pathways (MVPs)

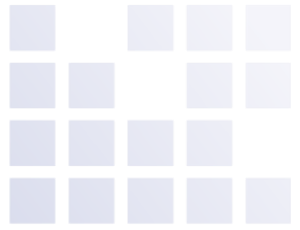
- CMS delays the implementation of MVPs until 2023
- CMS proposes 7 MVPs for use in 2023
 - Rheumatology
 - Stroke Care and Prevention
 - Heart Disease
 - Chronic Disease Management
 - Emergency Medicine
 - Lower Extremity Joint Repair
 - **Anesthesia** (Patient Safety and Support of Positive Experiences with Anesthesia)
- CMS seeks comment on when to sunset Traditional MIPS



2022 QPP Proposed Rule

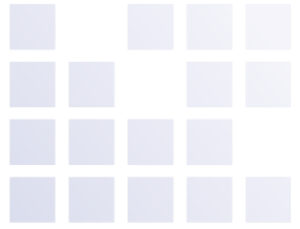
MIPS Value Pathways (MVPs) - Reporting Requirements (Proposed)

- Each proposed MVP consists of the four current performance categories: quality, improvement activities, cost and promoting interoperability.
- Each proposed MVP will have one foundational layer that is the same across all MVPs – currently CMS proposes it consists of a population health measure and the Promoting Interoperability performance category.
- If you are part of a multispecialty group CMS intends you would form a subgroup to report to an MVP specific to your specialty.
 - Subgroup - a subset of a group which contains at least one MIPS eligible clinician and is identified by a combination of the group TIN, the subgroup identifier, and each eligible clinician's NPI.



Helpful Resources

- QPP Resource Library
 - <https://qpp.cms.gov/about/resource-library>
 - [QPP Improvement Activity Information](#)
- ASA MACRA webpage
 - <https://www.asahq.org/macra>
 - [ASA Documentation Guidance](#)
- AQI Quality Reporting Materials
 - <https://www.aqihq.org/MACRAOverview.aspx>
- QPP Help Desk
 - QPP@cms.hhs.gov



Contact Quality and Regulatory Affairs

- Questions and comments on quality measures and regulatory information (e.g. reporting requirements, CMS regulation) should be sent to Quality and Regulatory Affairs staff.

Quality and Regulatory Affairs

(qra@asahq.org)

<https://www.asahq.org/macra>

AQI Update

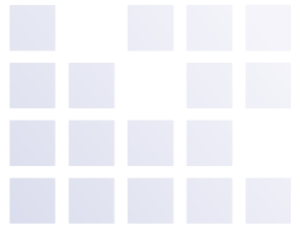
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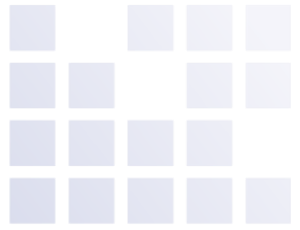
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2020 MIPS Final Scores Updates

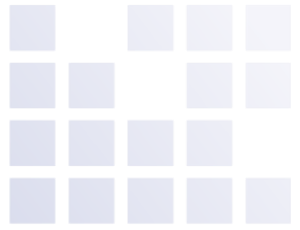
- **August 3** – CMS released the final MIPS scores
- **August 16** – CMS announced that the final scores and payment adjustments for some clinicians will be updated.
 - More details about what will change from the initial release, who is impacted and how this will affect MIPS payment adjustments, as well as the new targeted review period deadline are coming soon.
- Performance Feedback summary includes information about your scores and payment adjustment
- To obtain your feedback summary login to your [QPP Account](#).

Questions regarding the final scores should be directed to the Quality Payment Program helpdesk at 866-288-8292 or QPP@cms.hhs.gov.



2020 Targeted review

- 2020 Targeted review period open
- Upon review, if a MIPS eligible clinician or group believes there is a discrepancy in their 2020 report, they can request a targeted review.
 - The deadline was October 1 but CMS to announce a new deadline.
- ECs and groups can request a targeted review by visiting the [Quality Payment Program \(QPP\)](#) website and logging in with HARP credentials.

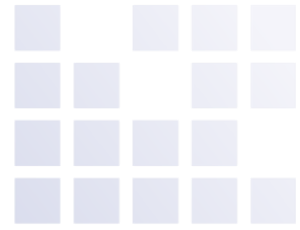


Performance Feedback Resources

The following resources can be found in the [resource library](#) on the CMS Quality Payment website:

- 2020 MIPS Performance Feedback FAQs
- QPP Access User Guide (to request a HARP account)
- 2022 MIPS Payment Adjustment User Guide
- 2020 Targeted Review User Guide

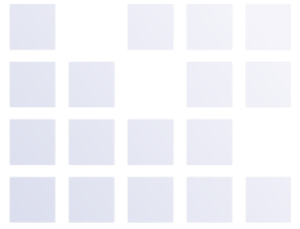
AQI 70: Prevention of Arterial Line-Related Bloodstream Infections



- This measure consists of two performance rates AQI70a: Brachial, Radial, Posterior Tibial, or Dorsalis Pedis Arterial Lines and AQI70b Femoral and Axillary Arterial Lines.
- In order to be scored on this measure, clinicians must have at least one case reported for both AQI70a and AQI70b.
- In the data file, the <QCDRMeasure> should be reported as <AQI70>. The performance rates for part a and part b will be determined by the numerator code that is reported:
 - 70a: 11A74, 11A75 or 11A76
 - 70b: 11A77, 11A78 or 11A79

```
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</QCDR>
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  <QCDRModifier xmlns:nil="true" />
</QCDR>
```

Improvement Activities Category



Improvement Activities component is still 15% of the total MIPS score



ECs/groups must complete activities worth 40 points

High Weighted Activities worth **20 points**

Medium Weighted Activities worth **10 points**



For groups to attest to an activity at least 50% of the clinicians (in the group) must perform the same activity during any continuous 90-day period, or as specified in the activity description, within the same performance period



Special reweighting for the following providers: Small, rural, HPSA and non-patient-facing ECs/groups

High Weighted Activities worth **40 points**

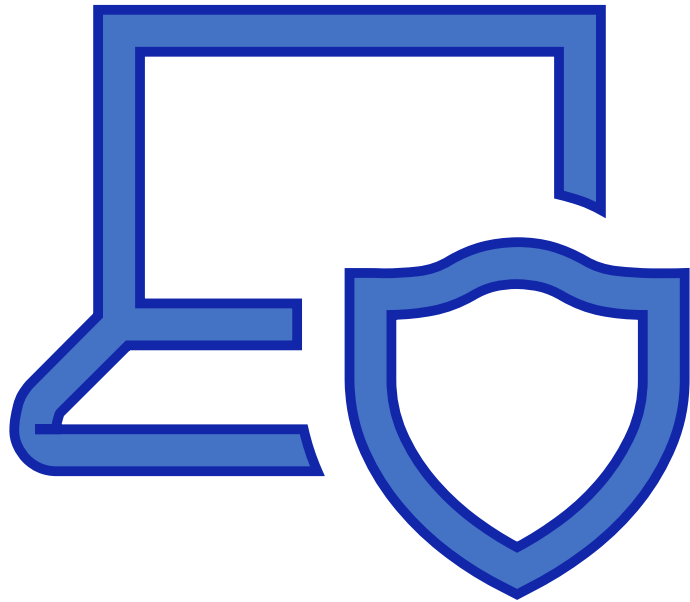
Medium Weighted Activities worth **20 points**



Perform activities for minimum of **90 days** *and maintain documentation for six years*

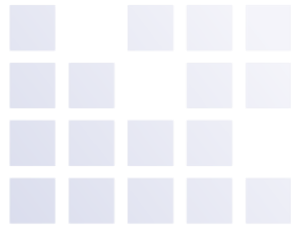


Complete attestation through NACOR dashboard



FTP Access

- Data warehouse updated security policy
- All FTP accounts will be disabled if no activity occurs within a 90-day window.
- To enable your account, submit a help desk ticket to nacorsupport@asahq.org.
- **No impact** on user access for the NACOR dashboard



2021 Quality Reporting Deadlines

Date	Deadline
October 1, 2021	<ul style="list-style-type: none">• ASA Membership Renewal for 2021• NACOR Registration (Quality, Benchmarking or Basic)
January 31, 2022	<ul style="list-style-type: none">• Submission of January - November 2021 data• Individual Quality Reporting Consent Submission• Improvement Activity Attestation• CMS opt-out for Individual Reporting• TIN/NPI Reconciliation
February 15, 2022	<ul style="list-style-type: none">• Submission of December 2021 data and any corrected files



Next Office Hours

The next office hour recording will be posted on the AQI website the week of September 20.

If you have any topics that you would like us to cover during office hours, please email askaqi@asahq.org