

# Quality Reporting Office Hours

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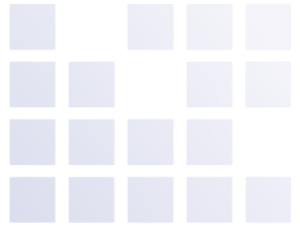
December 8, 2020



American Society of **Anesthesiologists**<sup>®</sup>

[aqihq.org](http://aqihq.org)

# Agenda



## QRA

- 2021 CMS QPP Final Rule
  - Provisions that have remained for 2021
  - Provisions that have changed for 2021
  - MIPS Value Pathways (MVPs)
- Still to come in 2020
  - QCDR Measure Approval
  - Website updates

## AQI

- Reporting Deadlines
- Reporting Requirements
- Consents
  - Individual Reporting and Opt-in Consents
- Provider List Update
- Data Auditing
- FTP Account
- Clinical Documentation

# Quality and Regulatory Affairs Update

Claire Ostarello, Quality Associate | December 8, 2020



American Society of  
**Anesthesiologists**<sup>™</sup>

# 2021 QPP Final Rule Released

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**The Quality Payment Program 2021 Final Rule was released December 1<sup>st</sup>.**

## **Provisions that have remained the same:**

1. Performance Threshold set at 60 points: exceptional performance set at 85 points
2. Promoting Interoperability performance category weighted at 25%
3. Improvement Activity Performance category weighted at 15%
4. Improvement Activities must be completed by 50% of the NPIs in a group
5. Use of Historical Quality Measure Benchmarks
6. MIPS Anesthesia Measure Set
7. MIPS Anesthesiology Measures

# 2021 QPP Final Rule

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Provisions that have changed from 2020 to 2021:

1. Quality performance category now weighted **40%** (45% in 2020)
2. Cost performance category now weighted **20%** (15% in 2020)
3. MIPS Value Pathways to be implemented in 2022 Performance Year
4. Eligibility Criteria allows for an APM entity to participate in traditional MIPS (with different weighting criteria)

# 2021 QPP Final Rule Released

MIPS Participation Options		
<b>MIPS Eligibility and Participation</b>	<p>MIPS eligible clinicians may participate in MIPS as:</p> <ul style="list-style-type: none"> <li>• An individual clinician</li> <li>• A group</li> <li>• A virtual group</li> </ul> <p><b>Exception:</b> Eligible clinicians in a MIPS APM are required to participate in MIPS through their APM Entity under the APM Scoring Standard.</p> <p>Clinicians in a MIPS APM are only evaluated for MIPS eligibility at the Entity level.</p>	<p>All MIPS eligible clinicians, including those in a MIPS APM, may choose to participate in MIPS as:</p> <ul style="list-style-type: none"> <li>• An individual</li> <li>• A group</li> <li>• A virtual group</li> <li>• <b>An APM Entity</b></li> </ul> <p>Clinicians in a MIPS APM will be evaluated for MIPS eligibility at the individual and group levels; we'll no longer evaluate Entities for the low-volume threshold.</p> <p>The APM Scoring Standard (reporting requirements and scoring approach for APM participants) will not be used beginning with the 2021 performance period.</p>
MIPS Performance Categories		
<b>Performance Category Weights</b>	<p><b>No change from CY 2019:</b></p> <ul style="list-style-type: none"> <li>• Quality: 45%</li> <li>• Cost: 15%</li> <li>• Promoting Interoperability: 25%</li> <li>• Improvement Activities: 15%</li> </ul>	<p>Performance category weights <b>for individuals, groups, and virtual groups</b> reporting traditional MIPS for the 2021 performance period:</p> <ul style="list-style-type: none"> <li>• <b>Quality: 40%</b></li> <li>• <b>Cost: 20%</b></li> <li>• Promoting Interoperability: 25% (no change)</li> <li>• Improvement Activities: 15% (no change)</li> </ul>

<https://qpp.cms.gov/about/resource-library>

# 2021 QPP Final Rule

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## MIPS Value Pathways (MVPs) -- Coming PY 2022 --

### What are they?

- A subset of measures and activities, established through rulemaking, that can be used to meet MIPS reporting requirements
- They will be optional in 2022

### Why is CMS moving in this direction?

- To improve value, reduce burden, help patients compare clinician performance to inform patient choice in selecting clinicians, and reduce barriers to movement into APMs

### Who are they for?

- MIPS Eligible Clinicians

### Finalized in the 2021 Proposed Rule

1. All MVPs must be established through rulemaking
2. Five Guiding Principles of an MVP finalized
3. MVP Development Criteria (template available on [qpp.cms.gov](https://qpp.cms.gov))

# Still to come from CMS and QRA

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## December:

- QCDR Measures to be posted
  - We are waiting for final CMS approval of the QCDR measures
  - The 2021 QCDR Measures Book will be posted on the AQL website following approval by CMS
- ASA MACRA Website to be updated
  - In the next few weeks, the ASA website ([www.asahq.org/macra](http://www.asahq.org/macra)) will be updated with 2021 Final Rule information
- QPP Website to be updated
  - 2021 MIPS Quality Measures (mid/late December)



# Contact Quality and Regulatory Affairs

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

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Quality and Regulatory Affairs

([qra@asahq.org](mailto:qra@asahq.org))

<https://www.asahq.org/quality-and-practice-management>

# AQI Update

Annette Antos, AQI Senior Registry Operations Manager

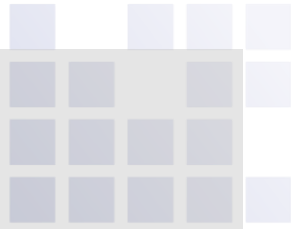
Javeria Ali, AQI Registry Operations Associate



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# 2020 NACOR Quality Reporting Deadlines



## **First deadline is January 29, 2021**

The following items are due on this date:

- Data from January through November 2020. Practices are encouraged to upload data files prior to the deadline to allow time for review, and to submit corrected files if any errors are identified.
- Attesting to 2020 Improvement Activities (including date ranges that the activities were performed and selecting the checkboxes)
- Reconciliation of provider lists ensuring all NPIs are assigned the proper provider type (MD-Anesthesia, CRNA, AA, SRNA, Resident, etc.)
- CMS Opt-Out for providers who are reporting as individuals
- Provider consents for clinicians reporting as individuals

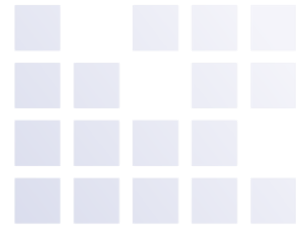
## **Final deadline is February 15, 2021**

- Submission of December 2020 data and any corrected files

For more information, email [askaqi@asahq.org](mailto:askaqi@asahq.org)



# Reporting Requirements

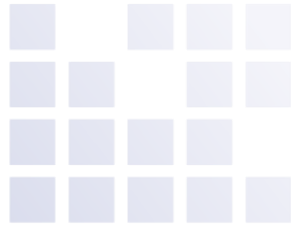


## Quality Component

- Reporting at least 6 measures (with one being an outcome or high-priority measure)
- Measures must meet the 20-case minimum to be scored
- Reporting rate must be at least 70% of all eligible cases across all payers for each measure reported

## Improvement Activity

- To receive full credit, you must submit activities worth 40 points and have a continuous 90-day performance period or otherwise stated in the activity description
- High-Weighted is worth 20 points and Medium-Weighted is worth 10 points
- \*\*For **group reporting**, a group can attest to an activity when at least 50% of the clinicians in the group perform the same activity during any continuous 90-day period (or as specified in the activity description) in the same performance year.



# Individual Reporting Consents

- For practices reporting as individuals AQL is now collecting provider consents.
- Consents with missing fields will not be processed and sent back to the practice for corrections
- [2020 Individual Quality Reporting Consent](#)

## ADDENDUM – EXHIBIT A

### ELIGIBLE CLINICIAN CONSENT FORM FOR INDIVIDUAL PROVIDER QUALITY REPORTING [NOT REQUIRED FOR GROUP REPORTING]

**PARTICIPANT GROUP/FACILITY MUST OBTAIN A SIGNED COPY OF THIS CONSENT FORM FROM EACH OF ITS INDIVIDUAL PRACTITIONERS THAT WILL BE REPORTING DATA AND PROMPTLY RETURN SUCH FORMS TO AQL, BUT IN NO CASE LATER THAN JANUARY 31<sup>ST</sup> IMMEDIATELY FOLLOWING EACH CALENDAR REPORTING YEAR. THIS FORM IS NOT APPLICABLE IF PARTICIPANT HAS ELECTED TO REPORT AS A GROUP.**

The undersigned clinician ("EC") represents and warrants that s/he:

- has reviewed the Addendum for Quality Reporting to the National Anesthesia Clinical Outcomes Registry Participation Agreement presented to \_\_\_\_\_ ("Group/Facility");
- voluntarily consents to the terms of the Addendum, including the submission of data on behalf of the EC by The Anesthesia Quality Institute ("AQI") to the Centers for Medicare and Medicaid Services ("CMS") in accordance with the quality reporting option selected by the Group/Facility, which has been disclosed by the Group/Facility to the EC;
- has authorized the Group/Facility to consent on his/her behalf and bind him/her to the terms stated in the Addendum, including, but not limited to, the waiver and release in Section 13 of the Addendum;
- grants permission to AQI to submit this signed Consent Form to CMS in order to demonstrate compliance with CMS guidelines; and
- understands that CMS requires the public reporting of his/her data in accordance with CMS guidelines.

EC understands that this Consent Form shall remain in full force and effect unless EC provides Group/Facility with written notice of termination.

EC Name: \_\_\_\_\_ EC Individual NPI #: \_\_\_\_\_

EC TIN(s) #: \_\_\_\_\_

EC Phone #: \_\_\_\_\_

EC Email Address: \_\_\_\_\_

EC Signature: \_\_\_\_\_ Signature Date: \_\_\_\_\_



# Opt-In Reporting Consents

- For practices or ECs that are Opt-In eligible and will be opting-in a consent form is to be completed
- Consents with missing fields will not be processed
  - Please thoroughly read letter c as it is often filled out incorrectly
- For questions or to receive a copy of the opt-in consent form please email [askaqi@asahq.org](mailto:askaqi@asahq.org)

## CONSENT FORM TO OPT-IN TO REPORT MIPS DATA TO CMS FOR INDIVIDUAL CLINICIAN REPORTING

By signing below, the undersigned clinician ("EC") represents and warrants that s/he:

- a) has confirmed s/he is eligible to opt-in to 2020 Merit-based Incentive Payment System ("MIPS") reporting to The Centers for Medicare and Medicaid Services ("CMS") using the QPP Participation Status lookup tool available at: <https://qpp.cms.gov/participation-lookup> ("Opt-In" or "Opting-In");
- b) has carefully considered and understands all of the following:
  1. Opting-In for 2020 MIPS reporting to CMS is not required and no penalty will be incurred by an EC that is eligible to Opt-In but chooses not to report;
  2. by Opting-In, EC will receive performance feedback and a payment adjustment to his/her 2022 Medicare Part B payments after CMS' review of his/her 2020 MIPS data, which could be positive, negative or neutral;
  3. by Opting-In, EC's data will be included in CMS benchmark measure calculations;
  4. by Opting-In, EC's data will be made available publicly by CMS on its Physician Compare website;
  5. by submitting this signed Consent Form to The Anesthesia Quality Institute ("AQI"), EC is confirming that s/he is electing to Opt-In and is authorizing AQI to submit 2020 MIPS data to CMS on behalf of such EC with a full understanding of the risks and implications;
  6. once this Consent Form is submitted to AQI, EC's decision to Opt-In is final and cannot be reversed or otherwise modified;

c) [Check which of the following is applicable]:

\_\_\_\_\_ requests that AQI notify CMS of EC's election to Opt-In;      \_\_\_\_\_ confirms that EC has already notified CMS of its election to Opt-In, so AQI should not notify CMS of EC's election to Opt-In;

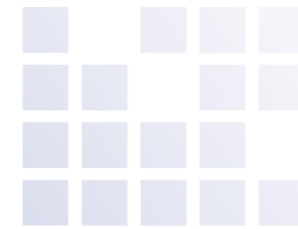
- d) voluntarily consents to AQI's submission of 2020 MIPS data to CMS on behalf of EC; and
- e) grants permission to AQI to submit this signed Consent Form to CMS in order to demonstrate compliance with CMS guidelines.

EC Name: \_\_\_\_\_

EC Individual NPI #: \_\_\_\_\_ EC TIN(s) #: \_\_\_\_\_

EC Phone #: \_\_\_\_\_ EC Email Address: \_\_\_\_\_

EC Signature: \_\_\_\_\_ Signature Date: \_\_\_\_\_

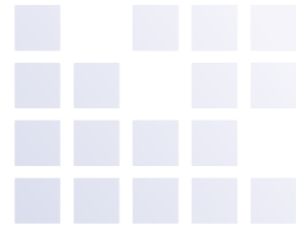


# Provider List Update

- Updating your list makes your practice reports easier to understand, clears up clutter and assists with the reconciliation billing process that will occur after the new year
  - Provider names are not submitted in the data so the names must be entered manually
- Provider Status
  - Active
  - Inactive - Providers that are on a temporary leave and will be coming back to the practice
  - Remove- Providers that have retired or are no longer with the practice
- Please refer to this guide to audit your provider lists:
  - [Updating Provider Lists on the NACOR Dashboard \(PDF\)](#)



# Data Auditing



## Benefits of auditing

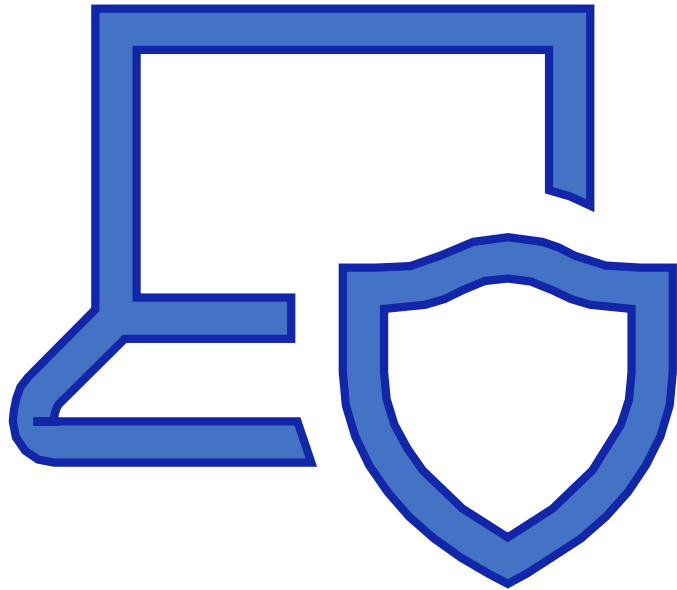
- Checks the accuracy and completeness of your data
- Allows you to identify measure gaps
- Monitor provider's performance in meeting the reporting requirements
- Verify TIN and NPIs
- Verify that your reporting option QR (MIPS measures only) or QCDR (MIPS and AQL measures) is correct

## Utilize the NACOR dashboard reports

- **Total Number of Cases and Total Number of Cases with Quality Codes:** Quick glance of how many cases were submitted per month, breaks down the number of cases with billing and quality data.
- **Provider Performance List:** Quick look at how each measure is being reported and the corresponding performance rate (how many cases are meeting the measure performance)
- **TIN Performance Summary:** Shows how many providers meet CMS requirements based on the data that is submitted (important for practices who are reporting as individuals).

If issues are identified allows time to correct and resubmit data prior to CMS data submission deadlines





# 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](mailto:nacorsupport@asahq.org).
- **No impact** on user access for the NACOR dashboard



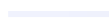
# Clinical Documentation

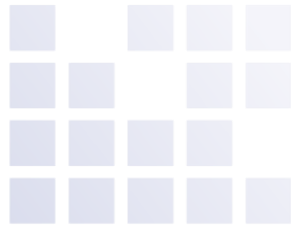
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As with all quality measures, groups are only allowed to report on measures where all the data elements of the denominator are completed and documented, and where a clinical quality action or outcome (numerator) is completed and documented.

As you prepare your data submission for the 2020 performance period, AQI recommends reviewing the measures you are submitting and how you are capturing and documenting both the denominator and the numerator for each measure.

Please contact AQI at [askaqi@asahq.org](mailto:askaqi@asahq.org) for further questions on this measure.





# Next Office Hours

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Tuesday February 9, 2021

11am CST

[To register click here](#)

If you have any topics that you would like us to cover during office hours, please email [askaqi@asahq.org](mailto:askaqi@asahq.org)

Slides will be sent out after the webinar. The slides and a recording of today's presentation will be available on the AQI website soon.